M. Robinson

HILL AND KNOWLTON, INC.

PR No. 15-60

INFORMATIONAL MEMORANDUM

April 20, 1960

Subject: Regular Review of Recent News and Editorial Comment

The Pittsburgh lawsuit has been receiving regular press attention, with especial coverage in Pittsburgh. The sampling here includes selected stories from Pittsburgh papers.

In recent months, other press treatment of tobacco and health issues and other industry developments included the following topics:

1. Tobacco Institute and Tobacco Industry Research Committee publications, Tobacco News and Tobacco and Health.

2. Release of the 1959 Annual Report of the Scientific Director, Tobacco Industry Research Committee.

3. Louisville seminar for science writers sponsored by the American Cancer Society. Statements were issued by the Tobacco Institute and the Tobacco Industry Research Committee.

4. The symposium on "The Air We Breathe" at the University of California.

5. New York symposium on cardiovascular effects of nicotine.

Press attention likewise was given to a letter from Dr. Joseph Berkson of the Mayo Clinic, published in the Journal of the American Medical Association; to a talk by Dr. Paul Kotin at Pittsburgh; a talk by Dr. C.C. Little before the Indiana Academy of General Practice; and other professional talks on the subject.

Some of the items in this summary were covered in part in the Tobacco News Summary.

Hill and Knowlton, Inc.
Public Relations Counsel
150 East 42nd Street
New York 17, New York

attachment

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

Court Fight Links Cigarets Cancer,

Brookline Man Asks $1,250,000

PITTSBURGH PRESS
Pittsburgh, Pennsylvania
April 1, 1960

Test Shapes Up Here

Cigarets On Trial In Cancer Case

[Experts study way to slow cancer down, Page 9.]

Selection of a jury began in Federal Court today for what may turn out to be a national test case involving a cancer victim's claim against a cigaret manufacturer.

If the case goes to trial on Monday, as expected, it will be the first of its kind ever heard. A similar suit on the West Coast last year was dismissed.

The claim for damages comes from Otto Pritchard, a Brookline carpenter, who began his legal fight in 1954, a year after one of his lungs was removed in a cancer operation.

Mr. Pritchard, 61, brought suit against the Liggett & Myers Tobacco Co. with the charge that his cancer was caused by his long use of Chesterfield cigarets.

He said he smoked Chesterfields regularly for 23 years.

The delay in bringing the suit to trial was reportedly caused by the vast amount of research and preparation by lawyers involved in the case.

Representing Mr. Pritchard are attorneys James P. McArdle and James McLaughlin. Appearing in behalf of Liggett & Myers will be attorneys Earl Reed and Kenneth Jackson, of Pittsburgh, and Fred Haas, of New York City.

The cigaret firm is specifically charged on three counts:

—Negligence in failing to know that the use of its cigarets over a long period of time could cause a harmful disease.

—Misleading and false advertising in making smokers believe that its cigarets were not harmful.

—Negligent design of the cigarets.

The trial, which is expected to run at least three weeks, will involve numerous experts in tobacco research and medicine. It will be heard by Federal Judge John Miller.

PITTSBURGH SUN-TELEGRAPH
Pittsburgh, Pennsylvania
April 4, 1960

Both sides told a jury their stands today in a Federal Court suit which may focus the attention of the world's cigaret smokers on Pittsburgh.

It's a $1,250,000 action by a Brookline man against Liggett & Myers Tobacco Co., and the question at issue is:

"Did smoking Chesterfield cigarets cause lung cancer in the plaintiff?"

The suit was brought by Otto Pritchard, 60, of 1833 Pioneer Ave., Brookline, carpenter and cabinet maker.

HE SAID HE SMOKED A carton of Chesterfields a week for 29 years until stricken in 1953.

The morning before undergoing removal of part of a lung was the last time Pritchard smoked.

That was Dec. 11, 1953. He said he smoked two packages in two hours and 15 minutes. Asked why, he replied:

"I didn't think I was going to smoke any more."

Pritchard's attorney, J. P. McArdle told the jury of seven women and five men:

"This is not a frivolous case nor an experiment in law. If it were, we would not be able to get some of the distinguished witnesses we have been successful in calling."

ATTORNEY EARL REED, representing Liggett & Myers, said:

"We are going to show you something of Mr. Pritchard's history. We are going to show he worked in occupations which are recognized to have extremely high incidence of lung cancers.

"He worked as a carpenter and metalworker, and we will show you he had lung trouble long before the operation."

Pritchard said he had a blood clot in a vessel leading to a lung a year before the cancer operation.

HE SAID HE occasionally switched brands of cigarets after starting smoking Chesterfields in 1924 and occasionally turned to a pipe or cigars, but always went back to Chesterfields. He also said he would quit now and then for a week.

Reed told the jurors they would have to be convinced that Chesterfields alone caused Pritchard's lung cancer in order to return a verdict against Liggett & Meyers.

Even a decision that Chesterfields were a contributing factor wouldn't be enough, Reed said. He also said:

'I want to caution you about the crusaders. These are honest crusaders, but they are convinced lung cancer is caused by cigaret smoking. They write a great many more articles and say more than the body of the medical profession."

THE SUIT ACCUSES the firm of negligence in these respects:

- Design and manufacture of Chesterfield cigarets.
- Failure to warn . . . of inherent danger which the defendant knew or should have known existed in its product.
- Making false and misleading representations to the public with respect to the safety and contents of the product.

The question of cigarets and cancer has been argued for years, but this could be the first time it's answered in court.

Previous similar cases ended in mistrials in Miami and New Orleans, and a West Coast plaintiff failed to bring a suit to trial.

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Court to Decide Doctor's Role In Cig-Cancer Case

Ruling Due Today on Whether Physician Can Give Definite Cause of Disease; Man Sues Firm

By ALBERT W. BLOOM
Post-Gazette Staff Writer

A snag which developed yesterday in the Cigarets vs. Lung Cancer case might bring the entire proceeding to a sudden legal halt in Federal Court today.

Key question at issue: Is any doctor competent enough to say, for sure, that heavy smoking can indeed cause lung cancer?

Attorney Earl F. Reed, counsel for Liggett & Myers Tobacco Company, the defendant in the case, says that no doctor can so say.

But Attorney James P. McArdle, representing Otto Pritchard, 61-year-old Brookline carpenter, who had a lung removed here in December, 1953 because of lung cancer, says that medical scientists can cite the cause.

At 10 a. m. in Federal Judge John L. Miller's courtroom, the issue may be decided.

Jury Not Present

If Judge Miller rules in favor of the tobacco company stand, the jury of seven women and five men probably won't be allowed to hear medical testimony linking cigaret smoking and lung cancer. It could wreck the Pritchard case, and have far-reaching results in similar cases.

None of the jury will be within earshot as the lawyers argue their stand before Judge Miller. Only after a decision is reached will the jury be brought back in.

The unusual turn of events turned up when court adjourned yesterday and Attorney Reed made his objection before Judge Miller after the jury was dismissed.

A preliminary hearing, with scientists testifying before Judge Miller with no jury around, may examine the question as to whether anyone can say that smoking is a cause of lung cancer.

Specifically, Mr. Pritchard charges that smoking cigarets, mostly Chesterfields, caused his lung cancer.

He said he smoked about a pack or pack and a half a day for about 25 to 30 years, since he was 14 years old.

After his lung operation on December 11, 1953, he stopped smoking completely.

In his opening statement, running half an hour, Mr. McArdle declared that Mr. Pritchard is seeking damages because if he had known what was in Chesterfields he would not have smoked them.

Liggett & Myers, said the attorney, is responsible because the company's advertising led him to believe there was nothing harmful in them.

The firm continued to advertise in this way, according to Mr. McArdle, even after it became medically known that cigarets contained harmful ingredients.

'The Guilty Agent'

He asserted that tarry compounds in the smoke, only 20 per cent of which are exhaled, are to blame. The 80 per cent of the tar concentrates in the smoke lodge in the lungs and they are "the guilty agent" in causing lung cancer, he maintained.

The attorney promised to bring expert witnesses to testify that excessive cigarette smoking causes the kind of lung cancer Mr. Pritchard had.

OTTO PRITCHARD
About 30 cigarets a day.

He accused the cigaret firm of "deceitful advertising." By the late 1940's science was already pointing to cigarets as a cause of lung cancer, but the company didn't act, said Mr. McArdle.

Mr. Reed, in a 15-minute statement, denied that the cigarets caused Pritchard's lung cancer.

Mr. Pritchard, he said, engaged in occupations (carpentry and metal working) which show high incidence of lung cancer.

According to Mr. Reed, the medical profession does not know what causes lung cancer. He, too, promised to bring in experts, to prove that fact.

Termed as Riddle

Lung cancer "is the great riddle of the medical profession today."

"He's got to show you that cigarets caused his lung cancer," Mr. Reed told the jury.

Mr. Pritchard, wearing thick glasses and dressed in a blue double-breasted suit, tan socks and tan shoes, spent most of the afternoon on the witness stand.

He was followed by his wife, Mabel, a tall, heavy-set woman, her face flushed and nervous taking the stand for the first time.

PITTSBURGH POST-GAZETTE
Pittsburgh, Pennsylvania
April 5, 1960

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

Puffing Out Justice

Cig-Cancer Case Judge Is Smoker

Smokers, non-smokers, and sometime smokers are involved in the Cigarets vs. Lung Cancer case in United States District Court here.

Even Judge John L. Miller smokes cigarets. "He smokes cigarets, all right, but not many," said one court attache. "I don't know what brand, even."

It was a judicial comment. Chesterfield cigarets are on trial here, with Otto E. Pritchard, 61, alleging that they caused his lung cancer. Judge Miller is not making himself available for comment on this matter these days.

It is known that the jury contains some known cigaret smokers, and some smokers who quit. Before they were selected a court clerk was directed to question them on their smoking habits.

Attorney Earl F. Reed, representing Liggett & Myers tobacco company, says, "I smoke a pipe and cigars."

Attorney J. P. McArdle, counsel for Mr. Pritchard, said: "I used to smoke, but I stopped when I got to researching this cancer thing."

"What did you smoke, Mr. McArdle?" he was asked.

He looked up and, without batting an eye, snapped: "Chesterfields."

Attorney Kenneth Jackson, one of Mr. Reed's associate counsels, asked about his smoking habits, said:

"I don't."

Court attaches puff a variety of items, including pipes and cigars, but most smoke cigarets. These range from the "name brands" to the almost forgotten Sweet Caporals.

Reporters covering the case stick to the popular brand cigarets, when they smoke at all.

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PITTSBURGH POST-GAZETTE
Pittsburgh, Pennsylvania
April 6, 1960

Cig-Cancer Case Medics To Be Heard

U. S. Judge Rules Experts' Testimony Will Be Admitted

By ALBERT W. BLOOM
Post-Gazette Staff Write

Otto E. Pritchard, 61-year-old Brookline carpenter who claims that smoking cigarets gave him lung cancer, won his first important technical round in Federal Court yesterday.

He is suing Liggett & Myers Tobacco Company for $1,250,000 damages.

Read a story, "Judge Hearing Cigaret and Cancer Case a Smoker," Page 5.

Federal Judge John L. Miller in effect ruled against a request for a hearing made by Attorney Earl F. Reed, tobacco firm counsel.

Mr. Reed maintains that no medical scientist can say for certain that cigaret smoking causes lung cancer. And he objects to any such testimony going before the jury of seven women and five men.

But Attorney James P. McArdle, representing Pritchard, offered to bring medical witnesses to provide expert testimony linking lung cancer to heavy cigaret smoking—in this case, Chesterfields.

During closed-door conferences in the judge's chambers lasting 1½ hours, Attorney Reed asserted his objections. Judge Miller overruled him.

It came in a brief, simple, and rather circuitously worded statement, politely face-saving for all concerned. But its meaning was direct. Judge Miller's statement said:

"The court has decided to follow the usual procedure and hear the medical testimony and rule thereon as the case proceeds."

This means that when the trial resumes tomorrow at 10 a. m., the jury will probably get a chance to hear medical testimony which will evidently tag heavy cigaret smoking to lung cancer "causation."

All such witnesses will, of course, be subject to the sharp cross-examination of Mr. Reed and his battery of legal assistants.

They may also object to each witness who attempts to enter the area of "lung cancer causation" and cigaret smoking on grounds of "competence," asserting that no one is competent to point the causative finger of blame at cigarets.

Lung Removed In 1953

Mr. McArdle has stated that Mr. Pritchard had "epidermoid carcinoma (cancer), squamous cell type." His right lung was removed at Presbyterian Hospital here on December 11, 1953, and found to be cancerous.

(There is a type of lung cancer which is not associated with smokers; it is called adeno-carcinoma.)

Mr. Pritchard testified that on the morning of his operation, between 5 and 7 a. m., "I smoked 2½ packs of cigarets."

He has not smoked since, said Mr. Pritchard.

He started smoking at age 14, he said, and added that he switched to Chesterfields about 1924.

From then until 1953 he smoked "mostly Chesterfields," though changing to other brands from time to time. "Occasional" cigar and pipe-smoking periods were noted, too.

Mr. Pritchard estimated he smoked "about 30 cigarets a day."

Surgeons to Be Called

Attorney McArdle is preparing to put two chest surgeons on the stand, probably tomorrow. They are expected to be Dr. Richard Overholt, of Boston, and Dr. Victor Kaunitz, of Buffalo. Other health scientists may be called, too.

Then Mr. McArdle is expected to attack what he has called "deceitful" advertising by the tobacco firms; and scientific evidence linking smoking and lung cancer which he says the firm "blithely ignored."

Also awaiting introduction by Mr. McArdle into the case are the signed statements of TV and movie stars telling how they were told to plug Chesterfields in advertising.

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Pittsburgh, Pennsylvania
April 6, 1960

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PITTSBURGH PRESS
Pittsburgh, Pennsylvania
April 7, 1960

Proof Cigarets Caused Lung Cancer 'Difficult'

Chest Expert Testifies That Smoking Is Largest Single Factor in Disease

By ALBERT W. BLOOM
Post-Gazette Staff Writer

Mice, men and lung cancer vied for attention in Federal Court here yesterday.

Dr. Richard H. Overholt, chest surgeon-in-chief at the Overholt Thoracic Clinic, Boston, yesterday admitted that laboratory tests trying to prove that smoking causes lung cancer are difficult.

"The trouble is we're having a hard time getting a mouse to smoke like a man," he told a jury of seven women and five men.

Blames Tobacco Smoke

"There is no question that inhalation of tobacco smoke is the largest single factor in the causation of this type of lung cancer," he asserted.

Dr. Overholt, an urbane and imperturbable Bostonian with an evident missionary zeal to curb rising lung cancer rates, ran head on into the cross-examination by Defense Attorney Frederick P. Haas. But not until the doctor scored point after point in the case as it entered its third day.

Dr. Overholt testified that he came here at his own expense and without any offer of a fee.

He took off at one point so rapidly that he had condemned the tobacco industry, its advertising, its "indoctrination" of youngsters, and its plugs for more cigaret smoking "so more people can get sick," before the Judge John L. Miller stopped him.

That part of his testimony was ordered stricken from the court record by Judge Miller after Mr. Haas jumped to his feet to object. Judge Miller advised Dr. Overholt to answer Attorney Haas' questions only, "without making a speech."

Promises to Obey

Dr. Overholt, still the tall, cool and imperturable Bostonian, took a drink of water, promised to obey.

A professor of thoracic (chest) surgery at Tufts College of Medicine, Dr. Overholt testified in the case of Otto E. Pritchard against the Liggett & Myers tobacco company.

Mr. Pritchard is suing the tobacco firm for $1,250,000, claiming long years of heavy smoking, mainly Chesterfield cigarets, caused his lung cancer. The lower sections of his right lung were surgically removed at Presbyterian Hospital here December 11, 1953.

But Mr. Hass brought out that in 1956, Dr. Overholt had written that "the cause of cancer is unknown." Also, that "smokers, the tobacco interests, and all of us want more information that will undoubtedly come with time."

"I revised my estimate," shot back Dr. Overholt. "I hope I have matured as I grew older. I believe I am more convinced of this (heavy cigaret smoking) as a causal relationship between smoking and lung cancer."

"Overwhelming circumstantial evidence must be accepted, and I accept it," said Dr. Overholt, who earlier said he himself smoked until the 1940's.

The progression of epidermoid, squamous cell type, lung cancer goes this way under long term exposure to a cancer-causing agent, he explained.

1. Normal cells are continually irritated; 2. A cell change called "metaplasia" takes place; 3. Cancer "in situ" (at the site) forms; 4. Full blown "clinical case" of cancer, capable of spreading and killing the patient, then follows.

Says Work Exposure Mild

Dr. Overholt insisted that in Mr. Prichard's case, his carpenter's occupation background and work in metal firms could only be assigned about "10 per cent" of the blame for his cancer, "no more than that."

Earlier, Dr. Victor Kaunitz, another chest surgeon, but from Buffalo, declared that "I have never been able to relate any man's lung cancer to his occupation."

He, too, testified that he came here at his own expense, to underscore the dangers of heavy smoking and lung cancer.

"The more publicity that this is given before the entire population the better, and then perhaps these tragedies can be averted in the future."

Dr. William F. Kremer, now medical director of the Denver Chemical Corporation, Hinsdale, N. Y., and the man who diagnosed the Pritchard case here in 1953, blamed it on his "heavy smoking." The case resumes at 10 a. m. today in Federal Court.

PITTSBURGH POST-GAZETTE
Pittsburgh, Pennsylvania
April 8, 1960

Physician Blames Cancer On Smoking

First Medical Witness In Cigaret Trial

In Word Duel With Defense Attorney

The first physician to testify in Federal Court's unprecedented cancer trial blamed the plaintiff's former lung tumor on "heavy smoking over many years."

Dr. William F. Kremer, formerly of Presbyterian Hospital, said he had never seen "epidermoid carcinoma" of the lung without a "considerable history of smoking."

This, he said, is the type suffered by Otto E. Pritchard, 61, before his right lung was removed in November, 1953. Mr. Pritchard is suing Liggett & Myers Tobacco Co. for $1,250,000, contending he smoked Chesterfields for 32 years.

Dr. Kremer, who first examined the Brookline carpenter for cancer symptoms, engaged in several peppery exchanges with Defense Attorney Frederick Haas on cross-examinations. Mr. Haas challenged the physician's statements, and his status as a cancer expert, in a series of questions covering a multitude of research reports.

Doctor Challenged

At one point, Attorney Haas inquired:

"Do you mean to say epidermoid cancer of the lung cannot occur without cigaret smoking?"

Dr. Kremer replied: "You place on me the judgment of God. Nobody can state what can or what cannot occur. We only state what is our experience."

The witness was asked if he would concede that the basic mechanism whereby lung cancer appears in humans is unknown.

"I'd go farther than that," he said, "No mechanism in life is known."

However, he refused to acknowledge that there are "multiple causes" for cancer, insisting:

"I think there are many predisposing factors."

Many Factors

By this, he indicated, he meant that age, sex, occupation, urban or rural residence —all may predispose a person to cancer, but he doesn't consider them the direct cause.

Attorney Haas had quizzed him on numerous reports indicating a variety of materials, and circumstances, can produce cancer.

"But all cases have one thing in common . . . and that is cigaret smoking," insisted Dr. Kremer.

Mr. Haas asked him if he meant to say that only cigarets can actually trigger lung cancer.

"In the cases I've seen," replied the doctor.

But the attorney noted that all studies show nonsmokers also contract the disease.

Dr. Kremer refused to agree. He said this may have been indicated by prior surveys in the early fifties, but he'd like to review current studies on this matter.

"But I thought you said you were familiar with those studies," Mr. Haas protested.

"I'm familiar with the issue at stake here today," snapped the witness.

'No Expert'—Doctor

He was later asked: "Do you regard yourself as an expert on cancer causation?"

"No," he answered. He said he derived his opinion in the Pritchard case from his information as the attending physician.

He said he is a specialist in internal medicine, and now serves as medical director for the Denver Chemical Corp. of Hartsdale, N. Y. As such, he said, he was obligated to keep pace with cancer literature in a search for new drugs.

Dr. Kremer said he had observed 15 or 20 lung cancer cases, confirmed by pathologists, and may have seen "over 100" that weren't positively identified.

He said he received his degree from the University of Amsterdam, in The Netherlands, and also was trained here at Veterans Administration Hospital in Aspinwall.

He said Mr. Prichard, of 1833 Pioneer Ave. first reported to him on Nov. 7, 1953, complaining of chest pains and coughing. At first, he explained, doctors thought he had another blood clot in the lung. He had a clot the year before while recovering from a fractured hip suffered in a scaffold fall.

He was questioned by Attorney James P. McArdle on direct examination. Mr. McArdle said Dr. Kremer may be the first physician to testify under oath in the world controversy over cancer agents.

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

PITTSBURGH PRESS
Pittsburgh, Pennsylvania
April 7, 1960

Proof Cigarets Caused Lung Cancer 'Difficult'

Chest Expert Testifies That Smoking Is Largest Single Factor in Disease

By ALBERT W. BLOOM
Post-Gazette Staff Writer

Mice, men and lung cancer vied for attention in Federal Court here yesterday.

Dr. Richard H. Overholt, chest surgeon-in-chief at the Overholt Thoracic Clinic, Boston, yesterday admitted that laboratory tests trying to prove that smoking causes lung cancer are difficult.

"The trouble is we're having a hard time getting a mouse to smoke like a man," he told a jury of seven women and five men.

Blames Tobacco Smoke

"There is no question that inhalation of tobacco smoke is the largest single factor in the causation of this type of lung cancer," he asserted.

Dr. Overholt, an urbane and imperturbable Bostonian with an evident missionary zeal to curb rising lung cancer rates, ran head on into the cross-examination by Defense Attorney Frederick P. Haas. But not until the doctor scored point after point in the case as it entered its third day.

Dr. Overholt testified that he came here at his own expense and without any offer of a fee.

He took off at one point so rapidly that he had condemned the tobacco industry, its advertising, its "indoctrination" of youngsters, and its plugs for more cigaret smoking "so more people can get sick," before the Judge John L. Miller stopped him.

That part of his testimony was ordered stricken from the court record by Judge Miller after Mr. Haas jumped to his feet to object. Judge Miller advised Dr. Overholt to answer Attorney Haas' questions only, "without making a speech."

Promises to Obey

Dr. Overholt, still the tall, cool and imperturable Bostonian, took a drink of water, promised to obey.

A professor of thoracic (chest) surgery at Tufts College of Medicine, Dr. Overholt testified in the case of Otto E. Pritchard against the Liggett & Myers tobacco company.

Mr. Pritchard is suing the tobacco firm for $1,250,000, claiming long years of heavy smoking, mainly Chesterfield cigarets, caused his lung cancer. The lower sections of his right lung were surgically removed at Presbyterian Hospital here December 11, 1953.

But Mr. Hass brought out that in 1956, Dr. Overholt had written that "the cause of cancer is unknown." Also, that "smokers, the tobacco interests, and all of us want more information that will undoubtedly come with time."

"I revised my estimate," shot back Dr. Overholt. "I hope I have matured as I grew older. I believe I am more convinced of this (heavy cigaret smoking) as a causal relationship between smoking and lung cancer."

"Overwhelming circumstantial evidence must be accepted, and I accept it," said Dr. Overholt, who earlier said he himself smoked until the 1940's.

The progression of epidermoid, squamous cell type, lung cancer goes this way under long term exposure to a cancer-causing agent, he explained.

1. Normal cells are continually irritated; 2. A cell change called "metaplasia" takes place; 3. Cancer "in situ" (at the site) forms; 4. Full blown "clinical case" of cancer, capable of spreading and killing the patient, then follows.

Says Work Exposure Mild

Dr. Overholt insisted that in Mr. Prichard's case, his carpenter's occupation background and work in metal firms could only be assigned about "10 per cent" of the blame for his cancer, "no more than that."

Earlier, Dr. Victor Kaunitz, another chest surgeon, but from Buffalo, declared that "I have never been able to relate any man's lung cancer to his occupation."

He, too, testified that he came here at his own expense, to underscore the dangers of heavy smoking and lung cancer.

"The more publicity that this is given before the entire population the better, and then perhaps these tragedies can be averted in the future."

Dr. William F. Kremer, now medical director of the Denver Chemical Corporation, Hinsdale, N. Y., and the man who diagnosed the Pritchard case here in 1953, blamed it on his "heavy smoking." The case resumes at 10 a. m. today in Federal Court.

PITTSBURGH POST-GAZETTE
Pittsburgh, Pennsylvania
April 8, 1960

Physician Blames Cancer On Smoking

First Medical Witness In Cigaret Trial

In Word Duel With Defense Attorney

The first physician to testify in Federal Court's unprecedented cancer trial blamed the plaintiff's former lung tumor on "heavy smoking over many years."

Dr. William F. Kremer, formerly of Presbyterian Hospital, said he had never seen "epidermoid carcinoma" of the lung without a "considerable history of smoking."

This, he said, is the type suffered by Otto E. Pritchard, 61, before his right lung was removed in November, 1953. Mr. Pritchard is suing Liggett & Myers Tobacco Co. for $1,250,000, contending he smoked Chesterfields for 32 years.

Dr. Kremer, who first examined the Brookline carpenter for cancer symptoms, engaged in several peppery exchanges with Defense Attorney Frederick Haas on cross-examinations. Mr. Haas challenged the physician's statements, and his status as a cancer expert, in a series of questions covering a multitude of research reports.

Doctor Challenged

At one point, Attorney Haas inquired:

"Do you mean to say epidermoid cancer of the lung cannot occur without cigaret smoking?"

Dr. Kremer replied: "You place on me the judgment of God. Nobody can state what can or what cannot occur. We only state what is our experience."

The witness was asked if he would concede that the basic mechanism whereby lung cancer appears in humans is unknown.

"I'd go farther than that," he said, "No mechanism in life is known."

However, he refused to acknowledge that there are "multiple causes" for cancer, insisting:

"I think there are many predisposing factors."

Many Factors

By this, he indicated, he meant that age, sex, occupation, urban or rural residence —all may predispose a person to cancer, but he doesn't consider them the direct cause.

Attorney Haas had quizzed him on numerous reports indicating a variety of materials, and circumstances, can produce cancer.

"But all cases have one thing in common . . . and that is cigaret smoking," insisted Dr. Kremer.

Mr. Haas asked him if he meant to say that only cigarets can actually trigger lung cancer.

"In the cases I've seen," replied the doctor.

But the attorney noted that all studies show nonsmokers also contract the disease.

Dr. Kremer refused to agree. He said this may have been indicated by prior surveys in the early fifties, but he'd like to review current studies on this matter.

"But I thought you said you were familiar with those studies," Mr. Haas protested.

"I'm familiar with the issue at stake here today," snapped the witness.

'No Expert'—Doctor

He was later asked: "Do you regard yourself as an expert on cancer causation?"

"No," he answered. He said he derived his opinion in the Pritchard case from his information as the attending physician.

He said he is a specialist in internal medicine, and now serves as medical director for the Denver Chemical Corp. of Hartsdale, N. Y. As such, he said, he was obligated to keep pace with cancer literature in a search for new drugs.

Dr. Kremer said he had observed 15 or 20 lung cancer cases, confirmed by pathologists, and may have seen "over 100" that weren't positively identified.

He said he received his degree from the University of Amsterdam, in The Netherlands, and also was trained here at Veterans Administration Hospital in Aspinwall.

He said Mr. Prichard, of 1833 Pioneer Ave. first reported to him on Nov. 7, 1953, complaining of chest pains and coughing. At first, he explained, doctors thought he had another blood clot in the lung. He had a clot the year before while recovering from a fractured hip suffered in a scaffold fall.

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POST-GAZETTE
Pittsburgh, Pennsylvania
April 9, 1960

1003543454

Cigs Held Likely Cause Of Cancer

Scientist Says Death Rate Higher For Smokers

By ALBERT W. BLOOM
Post-Gazette Staff Writer

The former scientific director of the American Cancer Society yesterday told a Federal court jury here that national study showed lung cancer death rates for cigaret smokers were 64 times higher than for non-smokers.

Dr. Charles S. Cameron, now dean of Hahnemann Medical College, Philadelphia, also declared that the lung cancer of Otto E. Pritchard, 61-year-old Brookline carpenter who is suing Liggett & Myers Tobacco Company for $1,250,000, was linked to cigarets.

Picks Words Carefully

"In my opinion, it is probable that cigaret smoking caused it," Dr. Cameron testified, picking his words carefully.

Mr. Pritchard, through Attorney James P. McArdle, claims that some 25 years of heavy smoking, mostly Chesterfields, caused "epidermoid carcinoma (cancer), squamous cell type."

His right lung was removed late in 1953 by a Pittsburgh chest surgeon.

(Squamous cell, epidermoid carcinoma usually refers to that kind of cancer which arises on the surface lining of the lung among the plate-like cells.)

Dr. Cameron himself still smokes, he told reporters after testifying.

"Cigarets?" he was asked.

"Yes, cigarets," he replied. But Dr. Cameron amiably declined to say what brand.

On the witness stand, he told a jury of seven women and five men which is known to contain smokers, non-smokers, and those who quit smoking, that the Cancer Society studied 187,783 men, age 50 to 69 and presumably healthy, beginning in 1954.

But 44 months later, 7,316 died among those who smoked (not only cigarets) regularly.

Higher Mortality Rate

This, said Dr. Cameron is 2,665 more than would have died if that group had the same rate of deaths as those who never smoked.

There were 4,406 deaths among smokers of cigarets only.

Lung cancer claimed 448; of these, 319 had a "history of regular cigaret smoking."

Cross-examined by Defense Attorney Frederick P. Haas, a member of the tobacco firm's legal battery, Dr. Cameron was forced to admit that up until 1960 the American Cancer Society did not assert flatly that there was a "cause and effect" relationship between cigaret smoking and lung cancer. Also, that Dr. Cameron in recent years had asserted that cigaret smoking was but one of possible causes.

How this admission will affect the strategy of the tobacco firm's attorneys is not yet clear. However, Mr. McArdle has attacked Liggett & Myers advertising as being "deceitful" in not pointing out harmful effects of smoking.

It may be that defense attorneys later mean to underscore the fact that, while Mr. Pritchard's lung cancer was found in 1953, it was not until 1960 that the Amercian Cancer Society itself felt confident enough to blame lung cancer directly on cigaret smoking.

"Do you believe that cancer can be caused by smoking?" Mr. Haas asked Dr. Cameron, a handsome, gray-haired, young-looking man with a ruddy face.

"I think that you can state this within the degrees of probability," answered Dr. Cameron.

Mr. Haas persisted: "On the grounds of medical certainty in particular cases?"

"No," said Dr. Cameron quietly.

U. S. District Court Judge John L. Miller adjourned the trial, now in its fourth day, until Monday at 10 a.m.

At that time, Dr. Morton Levine of Rosewell Park Memorial Institute, near Buffalo, and Dr. David Kendall, of Kendall Laboratories, N. J., are due to testify in Mr. Pritchard's behalf.

SUN-TELEGRAPH
Pittsburgh, Pennsylvania
April 11, 1960

N. Y. Doctor Sees Cigaret, Cancer Link

Another cancer expert today testified that there is a relationship between cigaret smoking and lung cancer.

He is Dr. Morton L. Levin, head of the Epidemiology Department of Rosswell Park Memorial Institute of Buffalo, the New York State cancer research hospital.

The purpose of his department, he explained, is to determine factors causing the disease by comparing records of those suffering from it and those who don't.

Dr. Levin was called by Attorney J. P. McArdle, representing Otto Pritchard, 61, Brookline cabinet maker, who is suing Liggett & Myers Tobacco Co. for $1,250,000.

PRITCHARD SAYS he got lung cancer from smoking the firm's Chesterfield cigarets for about 25 years.

Of Pritchard's type of lung cancer, Dr. Levin said:

"I have not made a particular study of it . . . but I have not seen one case in a person who was not a smoker.

"There is a definite relationship between lung cancer and cigaret smoking as differentiated from pipe and cigar smokers.

"THIS EVIDENCE can only be interpreted to mean that smoking cigarets materially increases chances of acquiring lung cancer.

"I conclude that, if everyone who smokes would quit, the lung cancer mortality rate would be reduced by 30 per cent."

The disease is most prevalent in persons over 65, he said, and the ratio between male and female sufferers is five to one, male.

He explained the difference by saying men smokers start earlier in life than women.

PRITCHARD underwent surgery in Pittsburgh for removal of a part of his right lung in 1953.

He accused the company of "deceitful advertising" which lulled smokers after smoking was "proved dangerous."

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PITTSBURGH PRESS
Pittsburgh, Pennsylvania
April 12, 1960

8 Substances Cause Cancer, Chemist Says

Found In 'Tar' From Cigarets, Trial Here Told

By WERNER SIEMS

A New Jersey chemist testified in Federal Court today he has isolated eight chemical compounds in cigaret smoke tars which are identified by the Government as "carcinogens."

These are agents which have been found to cause cancer in animals when given in various amounts, said Dr. David N. Kendall of Plainfield, N. J.

He admitted, however, he had conducted no cancer tests on animals himself.

Dr. Kendall, a consulting chemist who appeared briefly on the witness stand yesterday, resumed his testimony this morning in the suit against the Liggett & Myers Tobacco Co. by Otto Pritchard, 61-year-old cancer victim from Brookline.

Jurors At Loss

His testimony took on the appearance of a long lecture on chemical analysis, which seemed to sometimes bewilder the jury of seven women and five men.

Even Mr. Pritchard's attorney, James A. McArdle, called the complicated description "intelligent but somewhat unintelligible."

Mr. McArdle sought to bring a research machine used by Dr. Kendall into the courtroom for a demonstration, but Judge John L. Miller refused permission.

The witness explained how he collected and analyzed cigaret smoke tars while serving as a consultant to P. Lorillard Co.

He said the eight chemical compounds referred to as "carcinogens" were identified as such in publications of the U. S. Department of Health, Education and Welfare.

He admitted that the animal tests didn't take into account whether the amount of "carcinogens" absorbed by a human smoker in puffs of cigaret smoke would be enough to cause cancer.

No One Cause

Yesterday, a Buffalo, N. Y., cancer researcher agreed there is no single causative factor for cancer of the lung.

Dr. Morton L. Levin, a witness for the plaintiff, acknowledged on cross-examination that the causes of cancer are "exceedingly complex and obscure."

Dr. Levin was the fifth medical expert called in the $1,250,000 damage suit against Liggett & Myers.

Mr. Pritchard, a carpenter, claims he contracted lung cancer from smoking the firm's Chesterfield brand for many years.

One of his lungs was removed because of cancer in 1953.

Dr. Levin, on questioning by Defense Counsel Frederick Haas, said the cause or causes of lung cancer had to be discussed in terms of probability, rather than certainty.

He stated earlier yesterday that in his opinion "the fact that Mr. Pritchard smoked cigarets and smoked heavily was a major causative factor in his developing this particular type of lung cancer."

Mr. Haas pointed out that Dr. Levin was asked at a congressional hearing last week whether he had come to a conclusion "with any medical certainty" regarding a link between smoking and lung cancer.

"I told them I was convinced there is a real risk from smoking," Dr. Levin testified.

"You said 'It took me two years to give it up myself,' " Mr. Haas reminded him.

"It certainly did," Dr. Levin replied. "It was a tough thing to do."

Dr. Levin is professor and head of the department of epidemiology at the Roswell Park Memorial Institute, a New York State center devoted to cancer treatment and research.

Studies Cancer Rates

Dr. Levin said he could link cigaret smoking to lung cancer with "reasonable medical certainty" but not with "absolute certainty."

He agreed with Mr. Haas that a causative factor (such as smoking) "may or may not be operative in a given instance."

Mr. Haas noted that in Dr. Levin's studies of cancer rates among men of "lower socio-economic status" smoking habits do not entirely explain the higher incidence, compared with the general population.

"On the basis of your studies can you predict what will happen to a given individual?" asked Mr. Haas.

"It is practically impossible to predict what will happen to an individual unless you put a gun to his head," Dr. Levin answered.

PITTSBURGH POST-GAZETTE
Pittsburgh, Pennsylvania
April 12, 1960

Double Talk Sparks Cigaret-Cancer Trial

New Jersey Doctor Brought Up Short In Testimony by Tobacco Firm Counsel

By ALBERT W. BLOOM
Post-Gazette Staff Writer

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But Dr. David N. Kendall, of the Kendall Infra-Red Laboratories, Plainfield, N. J., was forced to admit that these chemicals were never tested to prove cancer-causing ability in humans.

Poison Gases Cited

"Anybody would be foolish to do that," he said.

Dr. Kendall was brought up short by Defense Attorney Frederick P. Haas, counsel for Liggett & Myers Tobacco Company, defendants in a $1,250,000 lung cancer suit here.

The bespectacled scientist also testified that cigaret smoke contained "poison gases not visible to the human eye."

Earlier at recess, he replied to reporters' questions with: "Yes, I smoke occasionally. About eight to ten a day, the filtered kind." He declined to name them.

Dr. Kendall was under the direct questioning of Attorney James E. McLaughlin, associate of Attorney James P. McArdle in the case brought by Otto E. Pritchard, 61-year-old Brookline carpenter. Mr. McLaughlin is known to have done intensive research on cigarets and lung cancer to prepare the Pritchard case.

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But Mr. Haas evidently holds Dr. Kendall in disdain as a witness on lung cancer and cigaret and cigaret smoking. At the end of the fifth day of trial yesterday, Mr. Haas cracked across the counsel table:

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However, Dr. Kendall, 43, (a recognized expert in his field) and not the "man in the moon" is due to take the stand again at 10 a. m. today in Judge John L. Miller's sixth floor courtroom in the Federal Building.

Earlier, Dr. Morton L. Levin, 54, of the Roswell Park Memorial Institute, a New York state research and hospital institution near Buffalo, linked cigarets and cancer.

He said it was "highly suggestive, but not conclusive" that heavy cigaret smoking brings on lung cancer.

He conceded that in the 1950's he wrote that the "true cause of lung cancer has yet to be determined."

Dr. Levin also tied the kind of lung cancer Mr. Pritchard had (epidermoid carcinoma, squamous cell type—the kind that arises in the plate-like cells of the lung lining) to smoking. Mr. Pritchard blames his cancer on Chesterfields.

"It is a remarkable fact," said Dr. Levin, "that this type of cancer, except in rare exceptions, is almost always found in cases of heavy cigaret smoking. . ."

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The Dean study of the occurrence of lung cancer in the South African population, reported in Tobacco and Health, was reported widely in the nation's press through this UPI story.

Air Pollution Reported Major Cause Of Cancer

1003543457

NEW YORK (UPI) — A South African study has given support to a long - standing contention that air pollution caused by modern industrial development is a major cause of reported increases in lung cancer cases.

The Tobacco Institute, a research organization supported by the tobacco industry, reported the study over the weekend in its publication "Tobacco and Health."

The report quoted Dr. Geoffrey Dean of Port Elizabeth, South Africa, who conducted the study, as saying it was based on male lung cancer deaths in that country between 1947 and 1956.

Dean said relatively few of the country's heaviest smokers have died of lung cancer. He found, Dean said, that South African white males are the heaviest smokers in the world.

His report, first published in the British Medical Journal, said the highest lung cancer death rate was found among British men who moved to South Africa and died between the ages of 45 and 64. That group, according to the study, had a much higher lung cancer incident rate than white natives or immigrants from other countries.

"The relatively low incidence of lung cancer generally among the heavy - smoking South African men, the higher and rapidly increasing incidence in the growing cities and the high incidence in the younger age group of immigrants from Britain found in the present study suggest that the air pollution which occurs in modern industrial life — smoke, smog traffic fumes, etc — may be a major factor responsible for the alarming increase of lung cancer in South Africa and Britain and presumably else where, said Dean.

OBSERVER
Fayetteville,
North Carolina
January 5, 1960

CANCER STUDY

Tobacco Men Point To Air

NEW YORK (UPI) — A research organization supported by the tobacco industry said today a recent study in the Union of South Africa suggests that air pollution may be to blame for the reported increase in lung cancer throughout the world.

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It was based on male lung cancer deaths in that country from 1947 to 1956.

Dean found that white males in South Africa have been the heaviest cigaret smokers in the world for many years and yet relatively few of them have died of lung cancer.

His report, originally published in the British Medical Journal, said that British men who moved to South Africa and died between the ages of 45 and 64 had a much higher lung cancer rate than either white men born in South Africa or male immigrants from other countries.

"The relatively low incidence of lung cancer generally among the heavy-smoking South African men, the higher and rapidly increasing incidence in the growing cities, and the high incidence in the younger age group of immigrants from Britain found in the present study, suggest that the air pollution which occurs in modern industrial life — smoke, smog, traffic fumes, etc. — may be a major factor responsible for the alarming increase of lung cancer in South Africa and Britain, and presumably elsewhere."

NEWS
Miami, Florida
January 3, 1960

1003543457/A

Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

The Dean study of the occurrence of lung cancer in the South African population, reported in Tobacco and Health, was reported widely in the nation's press through this UPI story.

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Culprit: Air Pollution

ENQUIRER
Cincinnati, Ohio
January 8, 1960

THE THREE-DAY meeting, ending Friday, of sanitary engineering specialists in the American Society of Civil Engineers has given Cincinnatians some new insights into our national problems of land, water and air pollution. The main theme of the meeting was summed up in the topic of a talk by Assistant U. S. Surgeon General Mark D. Hollis, "Environment And Health—New Challenges."

One of the challenges is the gray-black daytime metropolitan atmosphere, which Los Angeles presents at its worst. And the problem is not only aesthetic. **Evidence is accumulating that our city smogs, heavily laden with motor exhaust fumes, are related to the alarming increase in lung cancer deaths.**

The American public may be too much preoccupied with the problem of cigarette smoking and lung cancer. Much interesting evidence of the role of air pollution is coming to light. The other day Dr. Clarence Cook Little, the noted cancer researcher and scientific director of the Tobacco Industry Research Committee, called attention to a fascinating study in the Union of South Africa.

This study, carried out by South Africa's Dr. Geoffrey Dean and published in the British Medical Journal, was based on male lung cancer deaths in that country from 1947 to 1956. It points out that white males in South Africa have long been the heaviest cigarette smokers in the world, yet they have a relatively low cancer mortality rate—a fact that calls for some explaining. But recently there has been a rapidly growing cancer mortality in the cities of South Africa.

The study disclosed that British immigrants, especially from large British cities, were pushing up the death rate from lung cancer. The incidence among this group was found to be much greater than among white native-born men or male immigrants from other countries.

★ ★ ★

DR. DEAN strongly suspects that the basic cause of the higher death rate among the British newcomers lay in their environment back in the British cities from which they came—**in the smoke, smog and traffic fumes of modern living.** And this is by no means the only research study pointing to atmospheric pollution as the major cause of lung cancer.

We have made much progress in cleaning up our land. We're working hard, at least in the Ohio Valley, to clean up our rivers. **But we have only made traceries in the air over the problem of atmospheric pollution.**

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ENQUIRER-NEWS
Battle Creek, Michigan
January 3, 1960

South Africa Study Blames Dirty Air for Lung Cancer

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HERALD
Lexington, Kentucky
January 10, 1960

TIR Enters Its Sixth Research Year In '60

NEW YORK, Jan. 9 — In 1960 the Tobacco Industry Research Committee will enter its seventh year of providing substantial support — without any strings — to independent scientists seeking to learn more about human ailments, especially those with which tobacco use has been linked by some organizations and individuals.

As before, the Tobacco Industry Research Committee will look to the experienced members of the Scientific Advisory Board to the Tobacco Industry Research Committee to give of their time, effort and knowledge in further development of the extensive research program they have been guiding since mid-1954.

During the past year more than 30 reports were published by scientists acknowledging support of their work by the Tobacco Industry Research Committee, bringing the total of published works to nearly 100. These reports represent definite contributions to the store of knowledge regarding cancer, heart disease and other ailments of concern to the public. The complete summary of progress under the Tobacco Industry Research Committee program will be told in the Annual Report of the Scientific Director to be published early in 1960.

Meanwhile, a number of scientists and doctors in this country, in South Africa, in England and elsewhere, issued research papers recognizing the inconclusiveness of the charges against tobacco. Such reports are apart from results under Tobacco Industry Research Committee sponsored research.

From South Africa came a new scientific study published in the British Medical Journal that presented findings suggesting that air pollution may be a major factor responsible for lung cancer throughout the world.

This study by Dr. Geoffrey Dean found that native white men in South Africa have long been the world's heaviest cigarette smokers, and yet they have a relatively low lung cancer death rate.

In England, the British Empire Cancer Campaign disclosed in its annual report this summer that five years of tests in which large numbers of animals were exposed to inhalation of "strong concentrations" of cigarette smoke have failed to produce a single lung cancer.

In Scotland, a detailed analysis of the behavior of lung cancer led Dr. T. W. Lees, a pathologist, to conclude in a study that "there is no good evidence that smoking causes lung cancer."

Numerous other studies reported findings that did not support or that tended to refute the charges against tobacco

Dr. Horace W. Norton, professor of statistical design and analysis at the department of animal science, University of Illinois College of Agriculture, commented on another statistical paper about smoking:

"I make a plea for integrity on the part of those affirming that smoking causes lung cancer. Let their various papers and public statements include (1) a frank acknowledgement that any such affirmative conclusion is a mere opinion, by no means fully substantiated by available data and (2) a familiar standard of comparison, choosing something over which we have, or ought to have, some voluntary control, such as the death rate associated with the use of the automobile."

SCIENCE NEWS LETTER
February 27, 1960

MEDICINE

Studies Fail to Link Smoking and Cancer

THIRTY-EIGHT SCIENTIFIC studies supported by the Tobacco Industry Research Committee give no evidence of a direct link between smoking and lung cancer.

The studies support the Committee's contention that "circumstantial or inferential data" on the existence of such a link are "not a substitute for experimental and clinical evidence based on direct observations."

The Committee, formed in 1954, claims that the experiences of the past six years, during which it has made grants to 90 scientists in 61 U. S. institutions, support the beliefs that: any role of cigarette smoking in lung cancer and certain other diseases has not been proved as causative; if tobacco has any role, it is uncertain, unidentified and unanalyzed.

The 38 studies are summarized in the Committee's 1959 report of the scientific director. The original reports were published in medical and scientific journals during 1959.

In one study, mice were exposed to smoke five times weekly for nearly two years with no resultant invasive cancers of the lung. Another test involved sewing pellets of tobacco into the cheek pouches of hamsters for long periods of time. Again, no cancerous growths were produced.

The Committee's report points out that much more research is needed to help clarify and define significant problems on research in this field, and to determine the best way to find the answers to them.

"All evidence," it says, "including that which demonstrates the gaps and uncertainties and contradictions in our knowledge, should be presented to the public honestly and fully. The individual can form his own considered opinion only on the basis of complete information."

The Journal of the American Medical Association, commenting editorially on smoking and lung cancer last December, said that neither the proponents nor the opponents of the smoking theory have sufficient evidence to warrant the assumption of an all-or-none authoritative position.

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Washington, D. C.
February 3, 1960

(Release at 6:30 P.M. EST)

(Tobacco)

1003543460

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February 8, 1960

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Special to the News-Call Bulletin

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OSCEOLA RECORD
Osceola, Nebraska
March 10, 1960

(This editorial appeared also in a number of other papers around the country.)

Let Us Be Sure

We have before us the scholarly and highly objective 68 page 1959 Report of the Scientific Director, Clarence Cook Little, Sc.D, of the Tobacco Industry Research Committee.

His report describes the long-range research program developed and directed for the Committee by a Scientific Advisory Board of 10 doctors and scientists noted for their work in cancer and other diseases. Research grants have been made to 90 scientists in 61 hospitals, universities and research institutions from a fund so far totalling $3,700,000.

This 1959 report weighs a trifle over four ounces on our postal scales and that's a lot of technical reading! It covers research papers and findings that, as Dr. Little says, clearly show "The problems in cancer and cardiovascular diseases are tremendously complicated and the chance of finding a simple answer is small or non-existent."

For instance, the painting of shaved mouse skin with concentrated condensates of tobacco smoke has produced tumors in some mice and not in others, yet no substance has been found in tobacco smoke in sufficient quantities to account for the reactions reported. Repeated experiments here and abroad on animals induced to inhale tobacco smoke have failed to produce lung cancer of the type prevalent in man. Similar inhalation studies with dogs over a period of more than three years, says the report, did not produce any lung cancers, nor did hamsters with pellets of tobacco sewn in their cheek pouches develop the dread disease.

Research in South Africa showed a greater incidence of lung cancer among immigrants from the industrial cities of Britian than among the white natives who are regarded as the world's heaviest cigarette smokers but have a relatively low lung cancer rate.

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NEWS
Indianapolis, Indiana
February 2, 1960

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NEWS
Chicago, Illinois
February 17, 1960

AFTER 91 STUDIES

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This is the tobacco industry's side of it:

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Dr. Clarence Cook Little, scientific director, said in a report released Wednesday that the findings now make it clear that "the problems in cancer and cardiovascular diseases are tremendously complicated and the chance of finding a simple answer is small or nonexistent."

The research committee was formed in 1954 to support studies of independent scientists into tobacco use and human health after the first reports associating cigarets and lung cancer were released.

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DR. LITTLE cites these unanswered questions.

Are the tensions and inner stresses that make people smoke a basic cause rather than the cigarets themselves? Accumulating evidence suggests that smoking patterns of an individual may often be a reflection of traits rather than a determiner of them, says Dr. Little.

What about the role of heredity? People may differ in response to cigarets because of their innate characteristics.

How about air pollutants, irradiation, humidity, temperature and other factors in the environment?

How much do bacteria or viruses influence cell or tissue changes?

How about fats and other foods, or drugs such as hormones?

"Both intelligent laymen and scientists will not accept a simple cause and effect relationship in cancer and cardiovascular disease unless such a relationship can be proved by something more than disputed statistics, transferred interpretation from animal work, or limited autopsy findings," said Dr. Little.

TRIBUNE
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The Tobacco Institute, Inc., has moved to counteract a recent U.S. Public Health Service report that claimed "the weight of evidence, at present, implicates smoking as the principal etiological (causative) factor in the increased incidence of lung cancer."

This is just another in a long series of "expert" views which, much in the manner of a prosecuting attorney, have set out to convict tobacco with no regard to the total weight of evidence.

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He pointed out that the report "clearly states that experimental evidence does not support the theories.

"The review recognizes that lung cancer afflicts non-smokers, and therefore can't all be blamed on smoking. It concedes the still-to-be evaluated role of air pollutants and occupational exposures. It admits differences in lung cancer incidence rates that cannot be explained by the smoking theory."

Dr. Little, citing a number of scientific papers, pointed to evidence that he said:

"1 Finds that people described as the world's heaviest cigarette smokers have low lung cancer death rates compared with people who smoke less but have been long exposed to urban air pollution.

"2 Shows that direct inhalation of tobacco smoke by laboratory animals over long periods of time has not resulted in causing lung cancer in these animals.

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Indications are that tobacco is being used by many "experts" as the whipping boy simply because they have not yet nailed down the precise cause, if any, of lung cancer or, for that matter, cancer incidence in other internal parts of the body.

There seems to be a tendency to glass over other possible causes, such as fumes from auto exhausts, industrial plant fumes, and the generally greater increase in air pollution that has accompanied industrialization.

The point is that the case against tobacco is far from proven. Until it is, the U.S. Public Health Service and other authorities should cease risk losing public confidence by going off half-cocked.

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1003543463 C

POST
Denver,
Colorado
January 9, 1960

Tobacco Crop Helps Build New Churches

WASHINGTON, Jan. 9.—(AP) — Tobacco is helping build churches in the Bible Belt.

Tobacco News, publication of the Tobacco Institute, says members of Manson Methodist Church near McKinney, Va., planted, tended and harvested leaf grown on donated plots, earning enough money to start a new church building.

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1003543463 A

THE NEW YORK TIMES
New York, New York
January 11, 1960

'TOBACCO CHURCHES'

Parishioners Raise Crops to Pay for New Buildings

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The typical church projects are under way at the Union Baptist Church at Cycle, N. C., and the Manson Methodist Church near McKenney, Va.

At the Manson church, tobacco was grown for five years on small plots donated by church members. Business men, housewives and even children planted, tended, and harvested the crop on week-ends and in their spare time. By September, 1959, the tobacco fund had grown sufficiently to start the new church which is rising near the site where there has been a Manson church since 1815.

An even older "tobacco church" is St. Thomas Episcopal at Croom, Md. Still in use today, it was constructed in 1732 with funds from a levy of tobacco leaf imposed by parishioners upon themselves to "construct a chapel of ease."

1003543463 D

Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

DANVILLE REGISTER
Danville, Virginia
January 10, 1960

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NEWS
Indianapolis,
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1003543463 B

SENTINEL
Winston-Salem, North Carolina
February 11, 1960

Tobacco Still Builds Churches

The early Colonial practice of financing church buildings through levies on leaf tobacco has a modern counterpart. Today, the Tobacco Institute reports, new buildings are being constructed and old ones repaired with profits from tobacco.

In Wilkes County, members of Union Baptist Church near Cycle worked after hours last year to raise $2,660 for an education building. And in Dinwiddie County, Va., members cultivated donated land five years to raise money to begin a new Methodist church last September.

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Louisville Conference

The symposium for science writers, sponsored by the American Cancer Society, received wide press coverage. Two statements were issued in connection with stories relating to tobacco stories by both Tobacco Institute and Tobacco Industry Research Committee.

NEW YORK POST
New York, New York
March 29, 1960

Hint 'Safer' Cigarets on The Market

Louisville, Ky., March 29 (AP)—"Safer" cigarets may already be on the market, and a cancer researcher says he hopes to learn if they really are safer.

These safer smokes may be those containing only one-fourth the nicotine and one-half the tar content of standard non-filter cigarets, said Dr. E. Cuyler Hammond, director of statistical research for the American Cancer Society. No brand names were mentioned in Dr. Hammond's report.

A vast, six-year study of more than 1,000,000 Americans, now under way by the ACS, examining many health factors and habits, may show whether those who switched to the "safer" cigarets actually live longer, Dr. Hammond told a seminar for science writers.

Dr. Hammond said: "It appears that the majority of Americans want to smoke, but they want to do so without running the risk of lung cancer or any of the other diseases associated with cigaret smoking."

Safer cigarets would at least reduce the dangers he's worried about, the scientist said.

[A tobacco industry organization scoffed at the cancer researchers' reports and accused the scientists of continuing "an anti-smoking campaign" although "a great deal of other scientific evidence and opinion doesn't back them up."

[Edward F. Ragland, vice-president of the Tobacco Institute, Inc., said the "talks about a 'safe' cigaret" was not new, "but what is new is the admission by scientists at this same conference that they don't know of any compounds present in tobacco smoke in sufficient amounts to account for human lung cancer."]

1003543464

THE WASHINGTON POST
Washington, D. C.
March 29, 1960

Deceit Seen On Hazards Of Smoking

By a Staff Reporter

LOUISVILLE, Ky., Mar. 28 Dr. Alton Ochsner, noted lung surgeon, today charged the tobacco industry with deliberately trying to confuse the American public on cigarette smoking hazards.

The tobacco industry, he told an assemblage of science writers here, is ignoring scientific evidences, and is trying to put the blame for lung cancer's explosive increase on other factors, such as air pollution.

"If air pollution were a significant factor," Dr. Ochsner said, "one could not explain the difference in the sex incidence — women certainly breathe the same air as men."

Primarily Male Disease

Dr. Ochsner further pointed out that lung cancers occur with "tremendous frequency" in both London and Copenhagen where "the inhabitants smoke excessively, but where there is a wide variation in the degree of air pollution in the two cities."

Cancer of the lung, he said, is still primarily a disease of the long term cirgarette-smoking male, but it is beginning to increase among women. The male rate is disproportionately higher because men first took to smoking cigarettes heavily about 1917; the women didn't so indulge until the mid and late 1930's.

The insidious part about lung cancer, he pointed out, is that by the time it is detected and diagnosed it is usually too late to arrest it.

He praised the American Cancer Society for trying to inform teen-agers of the smoking hazards before they acquire the smoking habit.

"Once one has begun smoking," he declared, "it is extremely difficult and at times impossible to quit."

[A spokesman for the Tobacco Industry Research Committee told the Associated Press: "Our position is and has been that much more knowledge about cancer and especially lung cancer is necessary before positive conclusions about the cause or causes can be established. This position is shared by outstanding scientists here and abroad . . . Many doctors and scientists simply do not agree that the lung cancer question has been settled."]

Tissue Study Reported

Another speaker, Dr. Oscar Auerbach, chief of laboratory services at the Veterans Administration Hospital, East Orange, N. J., reported on findings of a 5-year study involving nearly 20,000 tissue samples taken from the lungs of 402 men who died of lung cancer or other causes.

The 402, he reported, 65 were men who had never smoked regularly, and who died of diseases other than lung cancer. There was no sign of lung cancer in the 3324 tissue sections of their lungs, he said.

Dr. Auerbach reported that evidence of lung cancer (which did not cause their deaths) was uncovered in just 4 of 36 other men who smoked less than half a pack of cigarettes a day.

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Hartnett is chairman of the Tobacco Industry Research Committee, which is financing "independent scientific research into health problems, including lung cancer."

His comment, in a prepared statement, was directed at charges brought by scientists attending the American Cancer Society seminar for science writers, being held here, that cigarette smoking is a predominant cause of lung cancer.

Opinions Differ

"We do not believe it is fair to the general public or to those connected with the tobacco industry . . . to permit extreme and unproved charges to go unchallenged," Hartnett said. "Many doctors and scientists simply do not agree that the lung-cancer question has been settled."

For example, he said, "The Journal of the American Medical Association recently stated in an editorial there is not 'sufficient evidence to warrant the assumption of an all-or-none authoritative position' in regard to the smoking theory."

"We do not think," Hartnett continued, "that the present campaign of repeating the anti-smoking theories of the extremists will ever constitute proof of the charges they make against smoking."

Sees 'Nothing New'

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Blakeslee quoted several research scientists who subscribe to the theory that lung cancer is caused by smoking.

"These same men have been speculating about their theories of cigarette smoking for a number of years," Ragland said, "and we see nothing new in what they say today, except more guesswork and opinion.

"They are admittedly on an anti-smoking crusade and continue to insist that their ideas are right even when a great deal of other scientific evidence and opinion does not back them up."

'Carried To Extreme'

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W.H.O. Claims Cigarettes Are Cause Of Cancer

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Million Smokers Studied To Check 'Safer' Cigarettes

THE LOUISVILLE TIMES
Louisville, Kentucky
March 29, 1960

By ALTON BLAKESLEE
Associated Press Writer

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Dr. Hammond is one who is convinced cigarette smoking is "the principal cause" of lung cancer now.

Despite all recent warnings, cigarette sales are at a new high, but perhaps the warning hasn't fallen on deaf ears because sales of filter-tipped and low-tar, low-nicotine cigarettes have increased tremendously.

Wants Content Labeled

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THE TIMES-PICAYUNE
New Orleans, Louisiana
March 28, 1960

FACTS DENIED, SAYS OCHSNER

Tobacco Industry Target of N.O. Surgeon

LOUISVILLE, Ky. (AP)—Dr. Alton Ochsner of New Orleans Monday said he thinks the tobacco industry is "guilty of denying facts because of financial gain" in the cigarette-lung cancer controversy. The surgeon long has held cigarettes a direct cause of lung cancer.

"In spite of the overwhelming evidence of the causal relationship of cigarette smoking and cancer, the tobacco industry has refused to admit the evidence, and has tried to confuse the issue by blaming other possible factors, such as air pollution," Dr. Ochsner told an American Cancer Society seminar for science writers.

"It seems to us that they would be on much firmer ground if they would admit that there is a calculated risk in smoking . . . and inform the public of this risk so that the responsibility of smoking is entirely the individual's."

'GREAT RISK'

The calculated risk "is not great because it requires a relatively long period of time, 20 years or more, for the condition to develop, although there is tremendous variation in one's susceptibility to cancer," Dr. Ochsner said.

"As long, however, as the industry refuses to accept the evidence, which is apparently irrefutable, it appears to me that they are guilty of denying facts because of financial gain.

"It is extremely unfortunate that the public has become understandably confused because of their inability to differentiate between the motives of the American Cancer Society and those of the tobacco industry.

STATEMENT ISSUED

In New York, the tobacco industry research committee said in a statement:

"Our position is and has been that much more knowledge about cancer and especially lung cancer is neccesary before positive conclusions about the cause or causes can be established. This position is shared by outstanding scientists here and abroad.

"In keeping with our position, we do not believe it is fair to the general public or those connected with the tobacco industry —from grower to retailer— to permit extreme and untrue charges to go unchallenged. Many doctors and scientists simply do not agree that the lung cancer question has been settled."

More Research Needed, Says Group

NEW YORK (UPI)—The tobacco industry research committee said Monday no "positive conclusions" could be drawn on the cause of lung cancer without more research to get needed facts and evidence.

Committee chairman Timothy V. Hartnett issued the statement in response to reports presented at an American Cancer Society seminar on cancer research at Louisville, Ky.

Hartnett said "outstanding scientists here and abroad" shared the opinion that more research was necessary before a definite link could be proved.

"We do not think that the present campaign of repeating the anti-smoking theories of the extremists will ever constitute proof of the charges they make against smoking," Hartnett said.

He quoted a recent editorial of the journal of the American Medical Association as saying "that there is not 'sufficient evidence to warrant the assumption of an all-or-none authoritative position' in regard to the smoking theory."

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CLEVELAND PLAIN DEALER
Cleveland, Ohio
March 29, 1960

SCIENCE IN NEWS—

'Bald' Spots in Lungs May Lure Cancer

By ALTON BLAKESLEE

LOUISVILLE, Ky. (AP)—Killed in action in a single day: 500,000 sweeper cells in your lungs.

This can happen in an acute lung infection. Influenza and chronic infections including bronchitis could lead to staggering losses of these sweeper, hair-like cells or cilia which cleanse the breathing tubes of the lungs.

Whole "islands" of missing cells could provide barren places where cigarette tars, chemicals from polluted air, or other agents could collect and open the gate to lung cancers, a medical researcher said yesterday.

Prevention or control of chronic lung infections thus could be a good defense against lung cancer, Dr. George N. Papanicolaou of Cornell University Medical College told an American Cancer Society seminar for science writers. In his absence, his report was read by Dr. Cynthia Pierce of the Rockefeller Institute.

Asian Flu Kills Cilia

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Durham, North Carolina
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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

CLEVELAND PLAIN DEALER
Cleveland, Ohio
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SCIENCE IN NEWS—

'Bald' Spots in Lungs May Lure Cancer

By ALTON BLAKESLEE

LOUISVILLE, Ky. (AP)—Killed in action in a single day: 500,000 sweeper cells in your lungs.

This can happen in an acute lung infection. Influenza and chronic infections including bronchitis could lead to staggering losses of these sweeper, hair-like cells or cilia which cleanse the breathing tubes of the lungs.

Whole "islands" of missing cells could provide barren places where cigarette tars, chemicals from polluted air, or other agents could collect and open the gate to lung cancers, a medical researcher said yesterday.

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The symposium on pollution of "The Air We Breathe" at San Francisco, Calif.

THE AIR WE BREATHE

SAN FRANCISCO SYMPOSIUM

[FROM A SPECIAL CORRESPONDENT]

"In a lifetime the volume of air breathed by a single individual is far more than the cubic capacity of Madison Square Garden or the Los Angeles Coliseum." This sentence was used to introduce a symposium held under the title "Man and his Environment: The Air we Breathe," which took place in San Francisco over the week-end beginning January 16. The conference was ably designed by its organizers to promote discussion of the wider aspects of air pollution and climatic stress; it was presented under the combined auspices of the University of California School of Medicine and the University Extension Department of Continuing Education in Medicine and Health Sciences, and was partly financed by the U.S. Tobacco Industry Research Committee.

"Capsule Climates"

Any fears that the conference might have been confined to mere provincial technology were dispelled by the opening paper by Professor HAROLD UREY, professor of chemistry-at-large in the University of California, who, under the deceptively innocent title "The Dynamic Nature of the Atmosphere," told us of the formation and fate of the atmospheres of most of the planets including the Earth. Dr. L. P. HERRINGTON, of Yale, displayed some of his laboratory findings on human reaction to experimental climatic stresses, and discussed the possible physiological mechanisms of acclimatization. The strictly limited atmospheres of nuclear-powered submarines and space ships of the future were discussed by Captain ALBERT BEHNKE, formerly director of the United States Navy Radiation Defense Laboratory, in a paper on "Capsule Climates." Serious pollution of these confined spaces can be caused by minute amounts of such substances as hydrocarbons in paint, and the problems posed by smoking in them were discussed. Processes to complement man's katabolic activities must be sought as the space confining him got less, and Dr. Behnke suggested that the alga *Chlorella* in nutrient solutions might be the answer to the problem.

Hydrocarbons from "Blow By"

Professor THEODORE HATCH, of Pittsburgh, whose work and wisdom are so well known in Britain, spoke of the classic concepts of the fate of inhaled dusts, and emphasized the need for further study of the pathways of lung clearance. Dr. T. F. MANCUSO (Columbus) pleaded for more attention to be given to the additive effects of minute amounts of pollutants of industrial and communal environments. He was followed by Professor Emeritus R. R. NEWELL, who spoke with a fine sense of proportion on the airborne hazards of atomic energy. His paper ranged from the safety of reactors to the use of nuclear explosives in making a second Panama Canal. Dr. RICHARD PRINDLE, of the U.S. Public Health Service, delivered a thoughtful assessment of modern "smog disasters," and Dr. LESLIE CHAMBERS demonstrated the monstrous role played by 3m. motor-cars in making Los Angeles a most irritant city; not only must the exhausts of cars be studied and suppressed, but Dr. Chambers told us of a new source of hydrocarbons in "blow by"—the loss of petrol through crank-case vents. The rival merits of the horse as a means of transport were discussed.

Dr. PATRICK LAWTHER, of the M.R.C. Group for Research on Atmospheric Pollution, distinguished British urban pollution from more exotic miasmata, and was followed by Professor T. J. KENT, who spoke humbly of the failure of the San Francisco Bay Authorities to plan effectively to limit pollution of their enviable air.

On the third day Professor JETHRO GOUGH, of Cardiff, discussed the effects of dusts on human lungs, illustrating his talk with dozens of his exquisite sections. Professor J. H. COMROE was unable to give his paper, and it was a pleasant surprise to your correspondent to find Dr. MALCOLM MCILROY, formerly of Bart's, deputize with an erudite discourse on the "Alveolar Environment." The importance of the body plethysmograph as a research tool was convincingly demonstrated. Professor C. P. YAGLOU, of Harvard, asked, "Are air ions a neglected biological factor?" and, though his experimental work was negative, seemed rightly to imply that the possible effects of charged particles merited further study.

Lung Cancer in English Emigrants

The final session was lively. Professor PAUL KOTIN, of Los Angeles, demonstrated the experimental approach to lung cancer to which he has made such notable contributions, and he was followed by Dr. E. CUYLER HAMMOND, of the American Cancer Society, who spoke of the statistical approach, with special reference to tobacco smoking. His thesis was vigorously attacked by Dr. JOSEPH BERKSON, of the Mayo Clinic, after which Dr. DAVID EASTCOTT from New Zealand soberly showed the differing fate in his country of natives and immigrants from England. Dr. Eastcott claimed that among the several factors which caused lung cancer was one which had operated in England before emigration. This might be air pollution which could exert its effect either directly by virtue of its carcinogenic nature or less directly by producing an antecedent and predisposing chronic bronchitis. The panel discussion which followed this session was the only one of three to go with any sense of reality and purpose, and one felt that open questions from the audience would have produced more fruitful discussion in other sessions.

The *Proceedings* of this conference will be published in full.

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

MEDICAL NEWS
January 27, 1960

Smoking, Smog Effects Weighed

SAN FRANCISCO—Ten inhalations of cigarette smoke nearly double resistance to airflow into the lungs, and the respiratory effect lasts up to an hour after the last inhalation.

This finding was reported here at a conference on air pollution by Drs. Julius H. Comroe Jr. and J. A. Nadel of the University of California's Cardiovascular Institute.

The meeting also heard new evidence implicating atmospheric contamination in the etiology of bronchogenic carcinoma. Dr. David F. Eastcott of Wellington, N. Z., reported that the lung-cancer death rate among immigrants in his country from the British Isles was 30-75% higher than among native New Zealanders.

Drs. Comroe and Nadel, using the whole-body plethysmograph, evaluated the respiratory effects of smoking on 36 healthy subjects. The changes were found to be similar in smokers and nonsmokers and were reproducible. Smoking of pipes, cigars or cigarettes without inhaling had no effect on airway conductance. Inhalation of isoproterenol aerosol prevented or reversed the effect of cigarette smoke, they said.

In 22 cardiopulmonary patents with a wide range of initial airway conductance, cigarette smoking led to changes similar to those in the normal subjects.

Dr. David F. Eastcott

Results were measured in terms of the ratio of airway conductance to thoracic gas volume. Ten inhalations of cigarette smoke brought about an average decrease of 50% in airway conductance which lasted about an hour.

Furthermore, reduced nicotine content, filtration, or removal of volatile smoke constituents, did not appreciably lessen the degree of respiratory impairment produced by the cigarettes.

These findings have led Drs. Comroe and Nadel to believe that submicronic particles irritate the smaller airways and cause them to constrict. Since these substances comprise the bulk of cigarette smoke, their removal would make smoking pointless, the researchers noted.

Dr. Eastcott's 10-year study involved the entire native-born population of New Zealand over age 35 (about 1.2 million) and 250,000 British-born men and women.

Beside being matched for age, the two groups included a similar proportion of smokers, and their smoking habits were about the same, the Wellington physician pointed out. A 30% higher lung cancer mortality was observed among the immigrants in the over-all study group.

But among those who did not immigrate to New Zealand until after age 30, the death rate from lung cancer was 75% higher than among the native-born, Dr. Eastcott said.

The New Zealand investigator was quick to point out that his study results do not rule out cigarette smoking in the pathogenesis of this disease. He feels, however, that "all the talk about smoking" may have overshadowed "ample evidence that smog and associated lung damage may account for at least half the lung cancer incidence."

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

Smoking & Cancer (Contd.)

After years of bombarding each other with flat denials and unflattering recriminations, the two sides in the smoking-and-lung-cancer controversy came close to sense-making agreement last week. Previously, evidence has usually been offered at one-sided meetings—either by those who indict heavy cigarette smoking as the principal cause or by those who put the blame for lung cancer's explosive increase on general atmospheric pollution. Last week authorities from both schools met in San Francisco under auspices of the University of California; the Tobacco Industry Research Committee put up $28,000 toward expenses.

A New Zealand general practitioner, Dr. David F. Eastcott, might have been speaking for nearly everyone present when he declared: "The incidence of lung cancer is complexly determined and cannot be related solely or principally to a single factor. Tobacco smoking plays a part. Atmospheric pollution plays a part." Trouble is, he complained, that the evidence incriminating heavy cigarette smoking is "compact" (and hence easily grasped), while that indicting air pollution is diverse and various.

Dark Satanic Mills. In the Down-Under dominion's heavily industrial Hutt Valley (pop. 80,000), Dr. Eastcott found conditions for his inquiry as neatly laid out as in a laboratory experiment. By excluding Maoris, he dealt with people almost entirely of British extraction. Under socialized medicine, all got the same health care. Their smoking habits were essentially the same. All were living where the wind is strong and almost continuous, so that air pollution is negligible. But some had been born and raised there, while others were immigrants who had spent the first part of their lives in smoke-shrouded Britain.

The death rate from lung cancer among both men and women, Dr. Eastcott found, was 30% higher among the British-born, and 75% higher among those who emigrated to New Zealand after age 30. No such discrepancy appeared with cancer in other parts of the body. Moreover, though New Zealanders (native and immigrant alike) smoke even more heavily than stay-at-home Britons, the dominion's lung-cancer death rate is still lower than the old country's. Concluded Dr. Eastcott: "Something happens to the Britisher in his native environment that increases his susceptibility to lung cancer . . . I regard this as the long shadow of those dark Satanic mills."

Ken McLaughlin—San Francisco *Chronicle*

NEW ZEALAND'S DR. EASTCOTT
At last, some clearing of the air.

Public & Personal. Most surprising was the extent to which the University of Southern California's Dr. Paul Kotin agreed. Previously, Pathologist Kotin had minimized the importance of smoking, emphasized public air pollution. This time, though he piled up more scientific data to convict public air pollution, Dr. Kotin also plumped for multiple causation. He doubted, he said, that heavy cigarette smoking or "personal air pollution" plays a "primary role" in causing lung cancer, but he granted that it may be guilty as a fellow criminal. The researchers still differed in their theories of sequence: Dr. Eastcott thought British air pollution sets the stage for smoking to damage the lungs and perhaps lead to cancer, while Dr. Kotin thought smoking sets the stage for the air pollution villain.

Conference participants also moved to clear up two other seeming contradictions which have bedeviled the years-long research. Why is it that, with Americans smoking about as many cigarettes as Britons, and at least some U.S. cities having air pollution as bad as many of Britain's, the lung-cancer death rate is markedly higher in Britain than in the U.S.? One factor is obvious but too often overlooked, said London's Dr. Patrick Lawther: U.S. pollution is mainly industrial, whereas Britain's comes largely from the burning of soft (bituminous) coal in open grates. And the castle that is every Englishman's home discharges the heavy resulting soot into the air near lung level from low chimneys. As for the difference in lung-cancer death rates between men and women (which the tobacco industry maintains is far greater than the difference in their cigarette consumption), the American Cancer Society's Dr. E. Cuyler Hammond suggested that men are more exposed to industrial fumes and dusts.

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

SAN JOSE NEWS
San Jose, California
January 15, 1960

Air's Clean In New Zealand; Those With Lung Cancer Come From Smoggy England

By CARL F. HEINTZE
News Staff Writer

A New Zealand physician has discovered that air pollution apparently caused three times as much lung cancer among British emigrants to his country as exists among native-born New Zealanders.

The findings, to be presented publicly for the first time in the United States at a special symposum on "The Air We Breathe" this weekend at the University of California Medical Center in San Francisco, may serve to reawaken the controversy over cause of lung cancer.

The physician, Dr. David Eastcott, said his studies cover 15 years, and are based upon findings confirmed in two five-year studies within that time.

They show, he said, that among former residents of the United Kingdom, lung cancer is 75 per cent higher than among native New Zealanders if they are over the age of 30.

Those who come to New Zealand from Great Britain before 30 have a corresponding decrease in their chances of getting lung cancer, he said.

Dr. Eastcott, then working for the National Health Institute of New Zealand, recorded deaths from lung cancer or "certain" lung cancer cases among a group of 250,000 immigrants to New Zealand who came only from England.

(England is the largest single exporter of new residents to the South Pacific island nation.)

He also checked the same disease among the entire population of New Zealand—about 2,500,000 persons.

His first study, made from 1949-51, was confirmed by a second five-year study, which showed the same ratio.

Since New Zealand has practically no air pollution—it has no industrial smog and is swept clean by strong winds—the only factor Dr. Eastcott was able to point to as a culprit in the difference in death rates was the smoky air of Britain, loaded with coal dust and hydrocarbon chemicals.

He hastened to point out, however, that the smog of Los Angeles and many American cities is composed of other chemicals. Too wide an inference cannot be drawn from his studies, he said.

"I do conclude from the study that at least half of the lung cancer cases in the study were due to air pollution," Eastcott said.

A continuing battle has raged between scientists over how important air pollution is in lung cancer. Current thinking in the United States is now generally of the opinion that cigarette smoking has an important—perhaps the most important—effect on lung cancer.

Coincidentially, the symposium at which Eastcott is to be a speaker is co-sponsored by the Tobacco Industry Research Committee, a group set up by the tobacco industry after the lung cancer reports about the dangers of cigarette smoking.

The committee, according to the University of California Medical School, the other co-sponsor, gave $28,000 for assistance to the symposium "with no strings attached."

Other speakers at the meeting, which opens Saturday noon, will include nuclear physicists Dr. Harold Urey; Benjamin Linsky, executive director of the Bay Area Air Pollution Control District; Jethro Gough, a member of the staff of the Welsh National School of Medicine, and Capt. Albert R. Behnke, former director of the U.S. Naval Radiation Defense Laboratory, San Francisco.

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

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What's In the Air We Breathe? That's Conference Topic

By CARL HEINTZE
Staff Writer

SAN FRANCISCO—More than two score of the world's ranking experts on air pollution gather in the University of California Medical Center here today for a three-day meeting on "The Air We Breathe."

The meeting, sponsored jointly by the University of California Medical School and the Tobacco Industry Research Committee, is drawing experts from all parts of the U.S., Europe and as far away as New Zealand.

The principal topic of the series of scientific papers, panels and discussions is one word—air.

But althought the word is simple, discussing what is happening to man's most precious commodity and the most important part of his environment isn't.

Even somg, itself rapidly becoming a universal problem over the populated focuses of mankind's existence, is controversial.

Related to the problem of man's air are the problems of lung cancer, a medical subject of deadly increasing importance in the U.S. and Britain, and the effect of tobacco smoke on cancer.

(This apparently is the reason the tobacco industry has contributed $28,000 for the symposium, although UC says the money has "no strings attached.")

One important paper to be presented at the meeting will be the findings of two five year studies of lung cancer rates in New Zealand—one of the most smog free populated areas of the world.

Dr. David Eastcott, a former worker for the National Institute of Health in New Zealand, discovered, in comparing native New Zealanders and immigrants only from Great Britain, that lung cancer rates were about three times as high among the immigrants as they were in the native New Zealand population.

Eastcott's findings bear out the contention of some medical men that cigarette smoke alone is not the answer to what is causing increasing numbers of death from lung cancer in the world.

Eastcott believes that in about half of the cases, industrial air pollution was a contributing factor. English air is polluted by a record amount of coal dust and smoke and it has long been recognized that English chronic bronchitis rates far exceed those of other areas of Europe.

The New Zealand doctor cautioned, however, that the composition of English smog is different than that in Los Angeles, for example, and he hesitated to draw any conclusions for American scientists about the quality of their air.

Monday, the concluding day of the conference, will be largely devoted to a discussion of the effects of smog and cigarette smoking on the human lung.

The opposing sides of the cigarette-smog question will be represented by E. Cuyler Hammond, director of the statistical research section of the Medical Affairs Department, American Cancer Society, and Dr. Joseph Berkson, head of the division of biometry and medical statistics at the Mayo Clinic, Rochester, Minn.

Dr. Eastcott will present his paper at this concluding session.

MERCURY
San Jose, California
January 16, 1960

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NEWS
Paterson, New Jersey
February 1, 1960

Cancer From Pollution?

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The study was conducted over a ten-year period. A quarter of a million persons who moved from smoggy, industrial England into the unpolluted atmosphere of New Zealand provided the facts. These people were compared with the native New Zealanders. It was found that lung cancer was 30 per cent higher among the newcomers than among the native-born whites. The study went further and checked on Britons who went to New Zealand relatively late in life after having lived in England for at least thirty years. The prevalence of lung cancer was 75 per cent higher among them than for New Zealanders of the same age.

We have heard a great deal about air pollution but few have taken the talk seriously. We have air pollution ordinances in most of our large cities but the people who wrote them were most concerned about the soiling of the housewife line of wash. The real danger, the nurturing of cancer, has been overlooked. Generally we have underestimated the danger lurking in the smokestacks and the automobile tailpipes. Dr. David F. Eastcott, who supervised the New Zealand study, says that the conclusion is inescapable. He declares that lung cancer is a product of total environment—polluted air, smoking and infection and irritation are contributing factors.

Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

10035434 72

What's In the Air We Breathe? That's Conference Topic

By CARL HEINTZE
Staff Writer

SAN FRANCISCO—More than two score of the world's ranking experts on air pollution gather in the University of California Medical Center here today for a three-day meeting on "The Air We Breathe."

The meeting, sponsored jointly by the University of California Medical School and the Tobacco Industry Research Committee, is drawing experts from all parts of the U.S., Europe and as far away as New Zealand.

The principal topic of the series of scientific papers, panels and discussions is one word—air.

But althought the word is simple, discussing what is happening to man's most precious commodity and the most important part of his environment isn't.

Even somg, itself rapidly becoming a universal problem over the populated focuses of mankind's existence, is controversial.

Related to the problem of man's air are the problems of lung cancer, a medical subject of deadly increasing importance in the U.S. and Britain, and the effect of tobacco smoke on cancer.

(This apparently is the reason the tobacco industry has contributed $28,000 for the symposium, although UC says the money has "no strings attached.")

One important paper to be presented at the meeting will be the findings of two five year studies of lung cancer rates in New Zealand—one of the most smog free populated areas of the world.

Dr. David Eastcott, a former worker for the National Institute of Health in New Zealand, discovered, in comparing native New Zealanders and immigrants only from Great Britain, that lung cancer rates were about three times as high among the immigrants as they were in the native New Zealand population.

Eastcott's findings bear out the contention of some medical men that cigarette smoke alone is not the answer to what is causing increasing numbers of death from lung cancer in the world.

Eastcott believes that in about half of the cases, industrial air pollution was a contributing factor. English air is polluted by a record amount of coal dust and smoke and it has long been recognized that English chronic bronchitis rates far exceed those of other areas of Europe.

The New Zealand doctor cautioned, however, that the composition of English smog is different than that in Los Angeles, for example, and he hesitated to draw any conclusions for American scientists about the quality of their air.

Monday, the concluding day of the conference, will be largely devoted to a discussion of the effects of smog and cigarette smoking on the human lung.

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The New York Cardiovascular Conference was covered by local newspapers and the press wires.

MIRROR NEWS
Los Angeles, California
March 25, 1960

TOBACCO MAY PERK UP SMOKERS

NEW YORK, March 25 (AP) Smoking may give you a lift by triggering release of a perk-up chemical deep in the brain, a British scientist suggested today.

This chemical may, in part, be responsible for the "pleasure of smoking," said Dr. J. H. Burn of Oxford University.

Cheering Stuff

Nicotine from tobacco smoke enters the blood stream, and it could unlock stores of the chemical, called norepinephrine, Burn said.

Burn explained:

"It seems to me extremely likely that the pleasure of smoking is in part derived from the release of norepinephrine from its store in the brain by nicotine, the release giving an increased feeling of cheerfulness and a sense of relief from fatigue."

Nicotine from smoking also speeds up the heart, he said, probably by releasing this same chemical from special storage units in the heart.

In the heart, this action could aggravate the condition in which heart rhythm is irregular, and it could produce a more rapid heart beat in sensitive persons, Burn said.

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THE GREENSBORO RECORD
Greensboro, North Carolina
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Nicotine from tobacco smoke enters the blood stream and it could unlock stores of the chemical, called norepinephrine, Burn said in a talk prepared for a symposium partly sponsored by the Tobacco Industry Research Committee.

Norepinephrine is a chemical cousin to the hormone adrenalin which makes your heart race when you're in danger.

Burn explained:

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Norepinephrine also has other actions in the body when unleashed from its various storage places by nicotine, Burn told the symposium on nicotine and smoking.

Nicotine from smoking speeds up the heart, he said, probably by releasing this same chemical from special storage units in the heart.

This same chemical, liberated by nicotine, may be responsible for the sharp fall in skin temperatures caused by smoking cigarettes, he said.

In one dramatic experiment, nicotine was injected into a cat's tail and it made the cat's hair stand on end. In another experiment nicotine made the blood vessels in a rabbit's ear constrict.

Burn felt both actions were due to the liberation of nopinephrine by nicotine.

In the heart, this action could aggravate the condition in which heart rhythm is irregular, and it could produce a more rapid heart beat in sensitive persons, Burn said.

The symposium, held by the New York Academy of Sciences, was in part financed by funds from the Tobacco Industry Research Committee, a spokesman for the committee said.

Perhaps half of the scientific reports made in the symposium had been supported at least in part by funds from the tobacco industry's committee investigating smoking and health, the spokesman added.

Burn's work was not supported by the committee's grants which has never supported scientists outside of the United States, the spokesman explained.

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Burn said nicotine releases the hormone which is produced in special cells in or near the skin, heart, blood vessels and brain. The release of the hormone in the skin accounts for the reduced blood flow in skin tissue after smoking, Burn said. He said the same phenomenon may be responsible for the anti-depression action of "psychic energizer" compounds and is responsible for the rising of hairs on a scared cat's tail. A reverse effect may be the reason for the tranquilizing effects of reserpine, he said.

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Dr. J. H. Burn of Oxford University in England reported that what apparently made the heart of a smoker beat faster was norepinephrine. This substance is closely related to adrenalin and is found in the adrenal glands as well as in heart tissue. It is a powerful heart stimulant.

Dr. Burn said that in experiments with rabbit hearts it was found that injection with reserpine purged the heart of norepinephrine. When the heart had not thus been purged, the administration of nicotine produced a speeding of heartbeats.

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TRENTON, March 24—Adult smokers in the United States are dying of lung cancer at the rate of almost a hundred a day, Dr. Daniel Horn of the American Cancer Society said today.

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Doctor Blasts Report Linking Smoking, Cancer

JOURNAL
Winston-Salem, North Carolina
February 26, 1960

By Pete Ellis
Staff Reporter

The current issue of the Journal of the American Medical Assn. is publishing a communication that charges Dr. Leroy E. Burney, surgeon general of the U. S. Public Health Service, with "inaccuracies" and "misrepresentations" in his report linking lung cancer with smoking.

The communication criticizing Dr. Burney was written by Dr. Joseph Berkson of the Mayo Clinic, Rochester, Minn.

It deals with an article written by Dr. Burney and published in the AMA Journal last Nov. 28. A week later, Dr. John W. Talbott, editor of the Journal, in an editorial said that Dr. Burney's conclusions were based on "insufficient evidence."

The editorial brought an inquiry to the AMA Journal from Dr. David D. Rutstein of the Harvard University Medical School, who said he was shocked at Dr. Talbott's editorial. The Journal this week is printing Dr. Berkson's correspondence to answer Dr. Rutstein.

"In general, the article (Burney's) is characterized by an imprecision of language and thought that renders inaccurate almost every point it deals with," Dr. Berkson's communication says.

"In particular, it contains some frank errors of omission and commission which are misleading with regard to the basic questions at issue."

Dr. Burney's article had quoted Dr. Berkson's analysis of statistics on lung cancer and smoking. Dr. Berkson charges that parts of Dr. Burney's presentation "can easily mislead the reader."

The Mayo doctor also takes issue with the surgeon general's comments that "nonsmoking women have about the same lung cancer death rate as nonsmoking men." He said this "almost certainly is not true."

"The death rate for men is greater than that for women, not only for cancer of the lung but for cancer of almost every organ that is comparable in the two sexes and for virtually every noncancerous disease also."

Dr. Berkson accused Dr. Burney of "an even less explicable lapse" in his "failure" to cite the experiments performed by the Public Health Service itself in the laboratory of the pathologist, Dr. H. L. Stewart. In these experiments administration of cigarette smoke to mice failed to produce lung cancer.

Secretary of Health and Welfare Arthur S. Flemming was quoted in press dispatches of last Nov. 28 of approving distribution to the AMA article by Dr. Burney to the press.

Dr. Berkson said, "The article is presented as a statement of the Public Health Service." He also criticized this, and said he doubted if Dr. Stewart and Dr. Harold F. Dorn, chief statistician for the National Institutes of Health, had reviewed the statement.

"I cannot believe that Dorn reviewed or edited the statement of the surgeon general before its publication, nor can I believe that Stewart did, considering that his own work was not cited, leaving aside other inaccuracies that I cannot believe him to have approved."

Dr. Berkson's communication said that "if the Public Health Service believes that tobacco smoke contains chemical carcinogens which cause lung cancer, then the first task of its responsible scientists is to isolate these substances in 'pure culture' and to identify their chemical structure."

Dr Berkson said that about 85 million dollars has been appropriated for the National Cancer Institute, "with about 20 million dollars allocated specifically for research in chemotherapy."

He said that as far as he knew, no monies had been set aside for "carrying out the first steps to be taken to realize the discovery of an important cause of lung cancer."

"As I have pointed out," he said, "the prospective studies show more excess deaths among the smokers from other causes than from lung cancer, and these other causes are distributed among all classes of disease."

The current issue of the AMA Journal will be distributed this weekend.

THE NEW YORK TIMES
New York, New York
February 28, 1960

BURNEY DISPUTED ON SMOKING LINK

Mayo Clinic Scientist Says He Doubts Tobacco Is Main Cancer Cause

Special to The New York Times.

CHICAGO, Feb. 27—The conclusion of Surgeon General Leroy E. Burney that the weight of evidence implicates smoking as the "principal" cause of the increased rate of lung cancer has been challenged by a Mayo Clinic scientist. He said more "serious investigation" was needed.

Writing in The Journal of the American Medical Association, Dr. Joseph Berkson of Rochester, Minn., replied to an article by Dr. Burney in the Journal last November.

In his article, Dr. Burney said that "unless the use of tobacco can be made safe, the individual person's risk of lung cancer can best be reduced by the elimination of smoking."

The Burney article, Dr. Berkson wrote, "has been widely interpreted in the editorial press as an authoritative pronouncement of the Public Health Service and as a definitive opinion on the scientific issues involved in that controversial subject. I beg to present some reasons for doubting each of these valuations."

Burney Challenged

Dr. Berkson first disputed Dr. Burney's statement that he, Dr. Berkson, had noted "not only an association between smoking and lung cancer," but "also to a wide variety of other diseases."

Dr. Berkson said he did not merely note this association of smoking with other diseases, but had emphasized that "only about 14 per cent of the 'excess deaths' reflected in the higher rate of smokers compared to nonsmokers were due to lung cancer, while 86 per cent were due to causes other than lung cancer."

Dr. Berkson said that Dr. Burney's article, in general, "is characterized by an imprecision of language and thought that renders inaccurate almost every important point it deals with."

He singled out Dr. Burney's assertion that "nonsmoking women have about the same lung cancer rate as nonsmoking men."

"This, almost certainly, is not true," Dr. Berkson said. "The death rate for men is greater than that of women, not only for cancer of the lung but for cancer of almost every organ that is comparable in the two sexes and for virtually every noncancerous disease also.

Higher Mortality Rate

"The higher general mortality of the male than the female is characteristic of the entire animal kingdom. It is usually related by biologists to the presence of two chromosomes in the cell of the female and only one in the male, not to smoking.

"If the Public Health Service believes that tobacco smoke contains chemicals which cause lung cancer, then the first task of its responsible scientists is to isolate these substances and identify their chemical structure."

Dr. Berkson closed by quoting a British researcher, Sir Ronald Fisher, who has been critical of the analysis of English data on smoking and lung cancer and who said:

"The question seems to be a serious one; when is serious investigation going to begin?"

Dr. Berkson added: "His question is timely even now."

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The editorial brought an inquiry to the AMA Journal from Dr. David D. Rutstein of the Harvard University Medical School, who said he was shocked at Dr. Talbott's editorial. The Journal this week is printing Dr. Berkson's correspondence to answer Dr. Rutstein.

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"In particular, it contains some frank errors of omission and commission which are misleading with regard to the basic questions at issue."

Dr. Burney's article had quoted Dr. Berkson's analysis of statistics on lung cancer and smoking. Dr. Berkson charges that parts of Dr. Burney's presentation "can easily mislead the reader."

The Mayo doctor also takes issue with the surgeon general's comments that "nonsmoking women have about the same lung cancer death rate as nonsmoking men." He said this "almost certainly is not true."

"The death rate for men is greater than that for women, not only for cancer of the lung but for cancer of almost every organ that is comparable in the two sexes and for virtually every noncancerous disease also."

Dr. Berkson accused Dr. Burney of "an even less explicable lapse" in his "failure" to cite the experiments performed by the Public Health Service itself in the laboratory of the pathologist, Dr. H. L. Stewart. In these experiments administration of cigarette smoke to mice failed to produce lung cancer.

Secretary of Health and Welfare Arthur S. Flemming was quoted in press dispatches of last Nov. 28 of approving distribution to the AMA article by Dr. Burney to the press.

Dr. Berkson said, "The article is presented as a statement of the Public Health Service." He also criticized this, and said he doubted if Dr. Stewart and Dr. Harold F. Dorn, chief statistician for the National Institutes of Health, had reviewed the statement.

"I cannot believe that Dorn reviewed or edited the statement of the surgeon general before its publication, nor can I believe that Stewart did, considering that his own work was not cited, leaving aside other inaccuracies that I cannot believe him to have approved."

Dr. Berkson's communication said that "if the Public Health Service believes that tobacco smoke contains chemical carcinogens which cause lung cancer, then the first task of its responsible scientists is to isolate these substances in 'pure culture' and to identify their chemical structure."

Dr Berkson said that about 85 million dollars has been appropriated for the National Cancer Institute, "with about 20 million dollars allocated specifically for research in chemotherapy."

He said that as far as he knew, no monies had been set aside for "carrying out the first steps to be taken to realize the discovery of an important cause of lung cancer."

"As I have pointed out," he said, "the prospective studies show more excess deaths among the smokers from other causes than from lung cancer, and these other causes are distributed among all classes of disease."

The current issue of the AMA Journal will be distributed this weekend.

THE NEW YORK TIMES
New York, New York
February 28, 1960

BURNEY DISPUTED ON SMOKING LINK

Mayo Clinic Scientist Says He Doubts Tobacco Is Main Cancer Cause

Special to The New York Times.

CHICAGO, Feb. 27—The conclusion of Surgeon General Leroy E. Burney that the weight of evidence implicates smoking as the "principal" cause of the increased rate of lung cancer has been challenged by a Mayo Clinic scientist. He said more "serious investigation" was needed.

Writing in The Journal of the American Medical Association, Dr. Joseph Berkson of Rochester, Minn., replied to an article by Dr. Burney in the Journal last November.

In his article, Dr. Burney said that "unless the use of tobacco can be made safe, the individual person's risk of lung cancer can best be reduced by the elimination of smoking."

The Burney article, Dr. Berkson wrote, "has been widely interpreted in the editorial press as an authoritative pronouncement of the Public Health Service and as a definitive opinion on the scientific issues involved in that controversial subject. I beg to present some reasons for doubting each of these valuations."

Burney Challenged

Dr. Berkson first disputed Dr. Burney's statement that he, Dr. Berkson, had noted "not only an association between smoking and lung cancer," but "also to a wide variety of other diseases."

Dr. Berkson said he did not merely note this association of smoking with other diseases, but had emphasized that "only about 14 per cent of the 'excess deaths' reflected in the higher rate of smokers compared to nonsmokers were due to lung cancer, while 86 per cent were due to causes other than lung cancer."

Dr. Berkson said that Dr. Burney's article, in general, "is characterized by an imprecision of language and thought that renders inaccurate almost every important point it deals with."

He singled out Dr. Burney's assertion that "nonsmoking women have about the same lung cancer rate as nonsmoking men."

"This, almost certainly, is not true," Dr. Berkson said. "The death rate for men is greater than that of women, not only for cancer of the lung but for cancer of almost every organ that is comparable in the two sexes and for virtually every noncancerous disease also.

Higher Mortality Rate

"The higher general mortality of the male than the female is characteristic of the entire animal kingdom. It is usually related by biologists to the presence of two chromosomes in the cell of the female and only one in the male, not to smoking.

"If the Public Health Service believes that tobacco smoke contains chemicals which cause lung cancer, then the first task of its responsible scientists is to isolate these substances and identify their chemical structure."

Dr. Berkson closed by quoting a British researcher, Sir Ronald Fisher, who has been critical of the analysis of English data on smoking and lung cancer and who said:

"The question seems to be a serious one; when is serious investigation going to begin?"

Dr. Berkson added: "His question is timely even now."

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

SMOKING LINK UNPROVEN 1[illegible]476 1[illegible]476A

Mayo Doctor Hits U. S. Stand on Lung Cancer

By BEN ZINSER

A Mayo Clinic doctor says the U. S. Public Health Service once attempted to produce lung cancer in experimental animals with cigarette smoke—and failed.

And the failure, criticizes Dr. Joseph Berkson, was not mentioned in the U. S. Surgeon General's warning to the American people that cigarette smoking may lead to lung cancer.

Dr. Berkson, a statistics expert at the famed Mayo Clinic in Rochester, Minn., charges that the PHS's eight-page statement on smoking and lung cancer in the Journal of the American Medical Assn. three months ago is "inaccurate" throughout.

* * * *

DR. LEROY E. BURNEY, surgeon general of the PHS, concluded in his statement that cigarette smoking is the principal factor responsible for the increase in lung cancer.

In a letter to the AMA Journal, Dr. Berkson particularly criticizes Dr. Burney for "failure to cite the experiments performed in the Public Health Service itself."

In these experiments, Dr. Berkson reveals, PHS researchers administered cigarette smoke to mice but failed to produce lung cancer in them.

DR. LEROY BURNEY
His Report Attacked

"So far as I know," he adds, "the only experiment on smoking in relation to lung cancer published from the Public Health Service is the negative experiment . . . and no work of this nature is in progress now."

As for Dr. Burney's statement in general, Dr. Berkson says:

"The article is characterized by an imprecision of language and thought that renders inaccurate almost every important point it deals with."

"In particular," Dr. Berkson adds, "it contains some frank errors of omission and commission which are misleading with regard to the basic question at issue."

* * * *

THE MINNESOTA PHYSICIAN accuses the Public Health Service of not being scientific.

"If the Public Health Service believes that tobacco smoke contains chemical carcinogens (cancer-causing agents) that cause lung cancer, then the first task of its responsible scientists is to isolate these substances in 'pure culture' and to identify their chemical structure," he says.

"This is the first step required by Koch's postulates for demonstration of a causative agent of a disease," he adds. "It is furthermore the first step to be taken in order to use the discovery for amelioration of the disease."

* * * *

DR. BERKSON ALSO accused the PHS of not spending enough money on lung cancer research.

About 700 million dollars are appropriated annually to the PHS, he says, but "how much . . . has been spent for carrying out the first step to be taken to realize the discovery of an important cause of lung cancer?

"So far as I can learn, none at all."

PRESS TELEGRAM
Long Beach, California
March 20, 1960

STAR
Terre Haute, Indiana
March 7, 1960

SMOKING LINK DISPUTED

A Mayo Clinic scientist, in setting the record straight on interpretations of his remarks by Surgeon General Leroy E. Burney, on the relationship between tobacco and cancer, has added fresh salt to a wound which has been festering for a long time. His points, however, make more sense than most of the arguments heard on the subject.

In an article in the Journal of the American Medical Association Dr. Joseph Berkson of Mayo takes Dr. Burney to task for a previous article written by the federal health official. Dr. Berkson was quoted by the Surgeon General as noting "not only an association between smoking and lung cancer, but also to a wide variety of other diseases." What the Mayo scientist had noted, he said, is that "only about 14 per cent of the 'excess deaths' reflected in the higher rate of smokers compared to nonsmokers were due to lung cancer, while 86 per cent were due to causes other than lung cancer."

This hardly justifies a blanket condemnation of tobacco as the "principal" cause of cancer, as stated by Dr. Burney. This is only one point in the Burney article which has been disputed. The article in its entirety, says Dr. Berkson, "is characterized by an imprecision of language and thought that renders inaccurate almost every important point it deals with." As an additional example, he cites the statement that "non-smoking women have about the same lung cancer rate as non-smoking men."

"This, almost certainly, is not true," says Dr. Berkson. "The death rate for men is greater than that of women, not only for cancer of the lung but for cancer of almost every organ that is comparable in the two sexes, and for virtually every noncancerous disease also.

"The higher general mortality of the male than the female is characteristic of the entire animal kingdom. It is usually related by biologists to the presence of two chromosomes in the cell of the female and only one in the male, not to smoking."

Dr. Berkson's advice to the Public Health Service to publish facts, not beliefs, about health problems of consumer products is opportune. If, as he says, the service "believes that tobacco smoke contains chemicals which cause lung cancer, then the first task of its responsible scientists is to isolate these substances and identify their chemical structure."

Any "proof" short of this is mere opinion, and not well substantiated at that, except for the determined prejudice against a social habit.

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Samples of other press attention to various stories.

PITTSBURGH PRESS
Pittsburgh, Pennsylvania
March 10, 1960

Path Traced

Smoking Not Cause But 'Step' To Cancer, Researcher Says

Heavy Cigaret Use Provides 'Irritant,' Air Pollution Expert Tells Pitt Forum

By WERNER SIEMS

Heavy cigaret smoking is the irritant that supplies one necessary step along the path to lung cancer.

The smoke itself is not the cancer-causing agent.

This, in a nutshell, is the explanation offered by Dr. Paul Kotin, University of Southern California pathologist and a leading researcher in air pollution.

Dr. Kotin said the male sex hormone may be 'o blame for the much higher rate of lung cancer among men than women.

"I think we are guilty of over-simplification if we talk about a cause of cancer in the same way we talk about a cause of pneumonia," Dr. Kotin told a seminar in the University of Pittsburgh Graduate School of Public Health yesterday.

"Cancer is not 'caused'. It is the end stage in a series of events." he said.

Dr. Kotin traced these steps as they have been revealed through his research on laboratory animals.

Irritate Membranes

He showed how dust and soot-borne pollutants in the air irritate the membranes of the throat and bronchioles in the lungs until they cause a change in mucous secretion and peeling and regeneration of the tissues.

Repeated irritation by pol lutants causes alteration of the membranes along more "primitive" lines and eventually through such contact cancer-causing chemicals are stripped from the dust and soot particles.

Once freed they get into the cells and become "biologically active," sparking the growth of tumors.

Cigaret smoke, Dr. Kotin said, contains the same cancer causing chemicals that are produced by gasoline engines, industrial pollution and heating devices. In both cases the chemicals result from incomplete combustion.

But Dr. Kotin does not believe there is enough evidence to trace the disease to invasion by chemicals from cigarets. He reasons that if these chemicals are responsible the incidence of lung cancer should increase at all levels as the dosage (amount of smoking) goes up.

The incidence, however, is the same for those who smoke two and a half packs a day as it is for those who smoke two, although their rate is much greater than the pack-a-day smokers.

Supplies Irritant

So Dr. Kotin concludes that cigaret smoking supplies the irritant for two-pack smokers who get lung cancer. Another argument against cigarets as the prime trigger of the disease, is that non-smokers who get lung smokers generally are the same age as the smoking victims of the disease. If heavy smoking were the cancer agent the cigaret smokers should get the disease earlier.

Still, about 90 per cent of heavy smokers do not develop lung cancer.

Why don't all persons exposed to air pollution get cancer?

Dr. Kotin offered two possible explanations, neither of which has been proven in humans:

1—Air pollution contains anti-cancer chemicals produced from the same sources as the cancer agents and possibly blocking their affect.

2—The male sex hormone, androgen, in studies with rats determined whether cancer agents entered some types of cells.

"We poor males," said Dr. Kotin, "may have created a one-way street to cancer, but we still don't know."

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

Heavy Smoking No Cause Of Cancer, Doctor Claims

2½ Packs Daily Smoke Irritants' Source, Not Disease's Reason, Pitt Seminar Told

By ALBERT W. BLOOM
Post-Gazette Staff Writer

Smoking two-and-a-half packs fo cigarets daily won't "cause" lung cancer, a University of Southern California pathologist declared here yesterday.

"Cigarets are not a source" of the cause of cancer; rather they are a source of smoke "irritants" said Dr. Paul Kotin, before the University of Pittsburgh Graduate School of Public Health seminar.

If people who don't smoke and don't breathe polluted air get lung cancer, those who do these things should get lung cancer earlier than the others. They don't, said Dr. Kotin. (About 10 per cent of heavy cigaret smokers get lung cancer.)

But a Link

He calls cigarets but "a link in the pathogenesis" (disease causing mechanism) of cancer.

"We are guilty of over-simplification if we talk about the 'cause' of cancer as we talk about the 'cause' of pneumonia," asserts Dr. Kotin.

Cigaret smoking may open the lung cell doors to cancer, he conjectured.

Dr. Kotin and his colleagues have been using air pollution as a tool—to study the factors of living environment in relation to the causes of cancer.

Virtually all tumors, cancerous or not, are due in greater or less degree to the world we live in, he believes. He said such tumors are affected by that environment.

"Cancer isn't 'caused'," he emphasized. "Cancer is the end stage" of changes in the body cells.

Duplicate Smog

Sex differences may sharply influence the development of cancer, according to Dr. Kotin. Female hormones may block development of certain cancers in women, while male hormones "might give carcinogenesis (development of cancer) a one-way ticket."

Dr. Kotin's group duplicated the smog atmosphere of Los Angeles and exposed rats and other animals to it under controlled conditions.

They found that natural defense in the lung area, such as the hairlike cilia and mucous, were weakened and broken down under continual assault by the smoggy air—all of which contains such as 3, 4 Benzyprene.

It was also discovered that body protein substances were able to pick out and take up the cancer "causing" substances, once the cell defenses were shattered.

The study's statistics showed that gasoline engine exhaust polluted the air heavily with cancer-causing benzpyrene.

Allegheny County's own Bureau of Air Pollution Control, when set up under Herbert J. Dunsmore in the Health Department to enforce a pending new smoke control ordinance, is expected to investigate auto gasoline fumes as well as industrial gases and vapors, as they affect public health.

POST GAZETTE
Pittsburgh, Pennsylvania
March 10, 1960

PITTSBURGH SUN-TELEGRAPH
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Says Cigarets Not Cause of Cancer

Cigaret lovers can breathe easier.

Smoke and polluted air don't cause lung cancer, according to a University of Southern California pathologist — they just "irritate the lungs."

Dr. Paul Kotin yesterday told a Pitt Graduate School of Public Health seminar:

"Cancer isn't caused. Cancer is the end stage of changes in the body cells."

He said cigaret smoking may open the lung cell doors to cancer, but cancer is caused by many things.

Sex differences may influence the development of cancer, he said.

Female hormones may block development of certain cancers in women, while male hormones might aid cancer development.

He said rats exposed to Los Angeles-type smog over an extended period had their natural lung defenses-hairlike cilia and mucous — broken down.

However, he added, persons who smoke two and a half packs of cigarets a day and breathe polluted air don't get cancer earlier than persons who don't.

He said only about ten per cent of heavy cigaret smokers get lung cancer.

The Allegheny County Bureau of Air Pollution Control is going to study affects of air pollution in the district on public health.

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Doctors Warned On Cancer Views

THE NEWS-SENTINEL
Fort Wayne, Indiana
February 25, 1960

(Other stories on page 25)

A veteran cancer researcher today warned Hoosier family doctors to be as skeptical of theories regarding the cause of cancer as they have learned to become toward the many unfounded theories of its cure.

Clarence Cook Little, Sc.D., for 16 years manager director of the organization which later became the American Cancer Society, said an understanding of cancer awaits much further research.

Addressing the final session of the scientific assembly of the Indiana Academy of General Practice in the Scottish Rite Cathedral, Dr. Little said investigations of cancer must still be pursued in many directions.

"Certain broad categories of factors seem to have earned the right to our continued attention and investigation if we are to hope for the new knowledge necessary to understand and control the many forms of the disease which we call cancer," he said.

Internal 'Unbalance' Blamed

The research scientist, who has held the presidencies of both the University of Michigan and the University of Maine during his distinguished career, said cancer seems to occur under various "conditions of internal unbalance."

There are many causes of "unbalance," and not enough is known about any of these, he opined.

Dr. Little listed several factors, each having indicated it plays some role in cancer's cause and development.

He named heredity, infection, nutrition, hormones, nervous strain and environment as examples.

A complete understanding of the many different kinds of cancer is dependent on further research in these fields, the speaker said. In this connection, he pointed out the tobacco industry is making funds available for this type of investigative work — involving heart and circulatory ills as well as cancer —by creation of the Tobacco Industry Research Committe.e.

"The committee's research program is unique in that responsibility for research policy and development is entirely in the hands of a Scientific Advisory Board consisting of 10 doctors and scientists. This board, which came into being six years ago, makes grants to independent scientists on the basis of the merit of their research proposals," he said.

Dr. Little serves as scientific director to the committee. He cautioned against accepting any one explanation of the cancer problem, whether it be smoking, air pollution, the stress of modern life or heredity.

"In the long run, such an attitude will boomerang and will end in disillusionment and disappointment to its proponent, the practitioner and the patient," he declared.

Those doing cancer research have a difficult job, the scientist pointed out.

"They are not encouraged by criticism and misinterpretation," he concluded.

HERALD
Durham, North Carolina
February 27, 1960

Evidence Is Still Lacking

The debate over the relation of cigarette smoking and lung cancer continues in the *Journal* of the American Medical Association. It will be remembered that Dr. Leroy E. Burney, surgeon general of the U.S. Public Health Service, published an article in the *Journal* last November in which he claimed a close and direct relation between smoking and lung cancer.

The following week, the *Journal* editorially questioned Dr. Burney's conclusions, taking the position that they were based on "insufficient evidence." Subsequently a letter to the *Journal* from Dr. David D. Rutstein of the Harvard Medical School expressed "shock" at the editorial.

Now Dr. Joseph Berkson of the Mayo Clinic replies to Dr. Rutstein and Dr. Burney in what is perhaps the strongest statement from the medical profession yet published questioning the claim that smoking is conducive to lung cancer.

Dr. Berkson charges that Dr. Burney's article "is characterized by an imprecision of language and thought that renders inaccurate almost every point it deals with. In particular, it contains some frank errors of omission and commission which are misleading with regard to the basic questions at issue."

Dr. Berkson challenges Dr. Burney's statement that "nonsmoking women have about the same lung cancer death rate as nonsmoking men." Instead, the Mayo Clinic physician asserts that "the death rate for men is greater than that for women, not only for cancer of the lung but for cancer of almost every organ that is comparable in the two sexes and for virtually every noncancerous disease also."

The reliability of the Burney article is further questioned in the criticism that its author did not use of the findings of the Public Health Service pathologist, Dr. H. L. Stewart, (that cigarette smoke failed to produce lung cancer in mice) or of the statistician of the National Institutes of Health, Harold F. Dorn, in the preparation of the article.

Also quite damaging to Dr. Burney's position is that charge that at the National Cancer Institute nothing has been done, although $85,000,000 was appropriated to the Institute, to carry out "the first steps to be taken to realize the discovery of an important cause of lung cancer."

In other words, the true relationship of smoking and lung cancer, if any, has not yet been determined, much less made public.

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Dr. Little listed several factors, each having indicated it plays some role in cancer's cause and development.

He named heredity, infection, nutrition, hormones, nervous strain and environment as examples.

A complete understanding of the many different kinds of cancer is dependent on further research in these fields, the speaker said. In this connection, he pointed out the tobacco industry is making funds available for this type of investigative work — involving heart and circulatory ills as well as cancer —by creation of the Tobacco Industry Research Committe.e.

"The committee's research program is unique in that responsibility for research policy and development is entirely in the hands of a Scientific Advisory Board consisting of 10 doctors and scientists. This board, which came into being six years ago, makes grants to independent scientists on the basis of the merit of their research proposals," he said.

Dr. Little serves as scientific director to the committee. He cautioned against accepting any one explanation of the cancer problem, whether it be smoking, air pollution, the stress of modern life or heredity.

"In the long run, such an attitude will boomerang and will end in disillusionment and disappointment to its proponent, the practitioner and the patient," he declared.

Those doing cancer research have a difficult job, the scientist pointed out.

"They are not encouraged by criticism and misinterpretation," he concluded.

HERALD
Durham, North Carolina
February 27, 1960

Evidence Is Still Lacking

The debate over the relation of cigarette smoking and lung cancer continues in the *Journal* of the American Medical Association. It will be remembered that Dr. Leroy E. Burney, surgeon general of the U.S. Public Health Service, published an article in the *Journal* last November in which he claimed a close and direct relation between smoking and lung cancer.

The following week, the *Journal* editorially questioned Dr. Burney's conclusions, taking the position that they were based on "insufficient evidence." Subsequently a letter to the *Journal* from Dr. David D. Rutstein of the Harvard Medical School expressed "shock" at the editorial.

Now Dr. Joseph Berkson of the Mayo Clinic replies to Dr. Rutstein and Dr. Burney in what is perhaps the strongest statement from the medical profession yet published questioning the claim that smoking is conducive to lung cancer.

Dr. Berkson charges that Dr. Burney's article "is characterized by an imprecision of language and thought that renders inaccurate almost every point it deals with. In particular, it contains some frank errors of omission and commission which are misleading with regard to the basic questions at issue."

Dr. Berkson challenges Dr. Burney's statement that "nonsmoking women have about the same lung cancer death rate as nonsmoking men." Instead, the Mayo Clinic physician asserts that "the death rate for men is greater than that for women, not only for cancer of the lung but for cancer of almost every organ that is comparable in the two sexes and for virtually every noncancerous disease also."

The reliability of the Burney article is further questioned in the criticism that its author did not use of the findings of the Public Health Service pathologist, Dr. H. L. Stewart, (that cigarette smoke failed to produce lung cancer in mice) or of the statistician of the National Institutes of Health, Harold F. Dorn, in the preparation of the article.

Also quite damaging to Dr. Burney's position is that charge that at the National Cancer Institute nothing has been done, although $85,000,000 was appropriated to the Institute, to carry out "the first steps to be taken to realize the discovery of an important cause of lung cancer."

In other words, the true relationship of smoking and lung cancer, if any, has not yet been determined, much less made public.

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

SUNDAY GAZETTE-MAIL
Charleston, West Virginia
February 28, 1960

'Why' of Cancer Still Unanswered

By David M. Cleary

No disease is under more intensive scrutiny than cancer. Yet the things known about cancer are still outnumbered by the unknowns.

It is known that cancer strikes when living cells change their way of life, and "go wild." In their new unnatural state the cells multiply very rapidly, until they strike a vital organ.

But the "why" of cancer—the factor that makes the cells go wild in the first place, has yet to be explained. Unfortunately, it may take many more years of research before this basic characteristic of the disease is understood.

In Fort Wayne, Ind. last week, a veteran cancer researcher warned doctors to be as skeptical of theories advanced as the cause of cancer as they have learned to become toward the many unfounded theories for its cure.

Dr. Clarence Cook Little, who was for 16 years managing director of the organization which later became the American Cancer Society, said investigations of cancer must still be pursued in many directions.

"Certain broad categories of factors seem to have earned the right to our continued attention and investigation if we are to hope for the new knowledge necessary to understand and control the many forms of the disease which we call cancer," he said.

* * *

THE RESEARCH scientist, who has held the presidencies of the universities of Maine and Michigan during his distinguished career, said cancer seems to occur under various "conditions of internal unbalance."

There are many causes of "unbalance," and not enough is known about any of these, he said.

Dr. Little listed several factors, each having indicated that it plays some role in cancer causation and development. Among them were heredity, infection, hormones, nervous strain and environment.

A complete understanding of the many different kinds of cancer is dependent upon further research in all these fields, and perhaps in others, said the researcher. In this connection he noted that industry is making funds available for research — particularly the tobacco industry.

* * *

SHORTLY AFTER tobacco became implicated as a possible cause of lung cancer, the industry began underwriting research, involving heart and circulatory ills as well as cancer, by creation of the Tobacco Industry Research Committee.

"The committee's research program is unique in that responsibility for research policy and development is entirely in the hands of a scientific advisory board consisting of 10 doctors and scientists. This board, which came into being six years ago, makes grants to independent scientists on the basis of the merit of their research proposals," he said.

Until investigators have the whole answer, Dr. Little warned against jumping to any conclusion, or accepting any one explanation of the cancer problem, whether it be smoking, air pollution, heredity, or the stress of modern life.

"In the long run, such an attitude will boomerang and will end in disillusionment and disappointment to the proponent, the practitioner, and the patient," he told the doctors in his audience.

Those doing cancer research have a difficult job at best, pointed out Dr. Little.

"They are not encouraged by criticism and misinterpretation," he concluded.

MIRROR NEWS
Los Angeles, California
March 2, 1960

Neuroses Symptoms Discussed

BY GEORGE GETZE
Science Editor

People who express their [illegible] treatment.

Lung Cancer Kills Men

Dr. Brian Blades, professor of surgery at George Washington University, discussed lung cancer—the "silent disease" that claims 30,000 American lives a year. More than 90% of the lung cancer deaths are men, Dr. Blades said.

"There's more to lung cancer than smoking or breathing polluted air," Dr. Blades said. He said women smoke and breathe the same air as men, yet cancer of the lung is rare among women.

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WILMINGTON MORNING STAR
Wilmington, North Carolina
April 13, 1960

Panel Physicians Offer Conflicting Opinions On Tobacco And Lung Cancer

2 Physicians Agree No Clear-Cut Proof Smoking Is Harmful

By LESLIE GRUBER
Farm Editor

Statements ranging in meaning from "there is a definite correlation between cigarette smoking and lung cancer" to "there is no clear-cut evidence that smoking causes lung cancer" sparked a panel discussion on that subject here Friday.

The panel, composed of Dr. Alton Ochsner of New Orleans, Dr. Douglas Sprunt of Memphis, Tenn. Dr. William Rienhoff, Baltimore, Dr. Cuyler Hammond, American Cancer Society, and moderator, Dr. George Lumb, Wilmington, appeared at the first meeting of the 14th annual medical symposium of the New Hanover County Medical Society.

Assets Proof Lacking

Dr. Sprunt and Dr. Rienhoff took the moderate view-point that while smoking probably never did anyone any good—clear-cut proof that it causes lung cancer is lacking.

Dr. Hammond and Dr. Ochsner took the stand that smoking definitely aids and abets lung cancer.

The discussion brought out questions of research methods and progress and more than anything, emphasized the wide divergence of opinion in scientific circles on the relationship of smoking to lung cancer.

Dr. Ochsner is chief of surgery of the Ochsner Clinic, New Orleans, and a noted specialist in lung cancer. He said he had treated more than 1,600 patients with this disease.

Native Of Wilmington

Dr. Sprunt is a native of Wilmington. He is president-elect of the American Association of Pathologists and Bacteriologists and is chief of the department of pathology at the University of Tennessee.

Dr. Rienhoff did much of the pioneer work on lung surgery in the U. S., and with another surgeon, performed the first successful lung removal operation. He is a member of the American Board of Surgery and Thoracic Surgery.

Dr. Hammond is director of the statistical research section of the American Cancer Society.

Dr. Lumb is chief of pathology at James Walker Memorial Hospital in Wilmington.

Dr. Lumb traced the broad history of tobacco from its discovery in America by the Spaniards to the present.

Many Accusations

Through the years tobacco has been accused of causing numerous complaints, of curing numerous complaints and it has even been "accused of causing pleasure," the moderator added.

Dr. Lumb closed his introduction with:

"And while we listen to the experts discoursing on tobacco I propose to light my pipe and listen pleasureably through a cloud of aromatic smoke."

Dr. Rienhoff declared:

"We should get down to the work of finding out what there is in the air that causes cancer. We should be objective and scientific in our studies.

"I think we should exercise every precaution about making claims on the cause of cancer.

"I feel the American Cancer Society should put stress on avoiding smoking to excess. Excessive smoking is harmful."

The speaker said there seem to be many factors involved in the cause of cancer, including genetic as well as environmental factors.

Moderate On Subject

With 80 per cent of the men and 50 per cent of the women smoking and the incidence of the disease slight there must be some strongly individual reactions if smoking causes cancer at all, he added.

Dr. Sprunt, also a moderate on the subject, said cancer is a composite disease made up of many factors. There is a fundamental law of nature that "anything must have stimuli to survive."

Health efforts are aimed toward removing the harmful stimuli. The question is: "Is tobacco a harmful stimuli in regard to cancer?"

Now, people who have had irritating lung troubles such as pneumonia seem more prone to cancer than others.

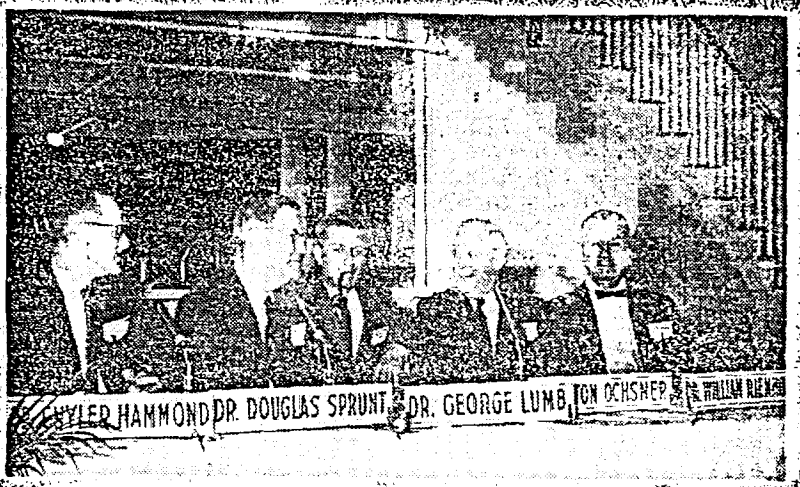
Not Too Impressed

As to the experimental results in studies of tobacco and cancer he said, "I haven't been too impressed. As far as I know they haven't produced cancer of the lungs by simple inhalation experiments. It seems like the connection of tobacco to cancer is statistical only.

"I feel like the genetic background of an individual has as much if not more to do with the development of lung cancer than any environmental factor.

"We should keep an open mind toward tobacco."

Dr. Hammond brought batteries of statistics to bear to support his contention that there is a direct connection between tobacco smoking and lung cancer.



CANCER-TOBACCO DISCUSSION — Five doctors lead a panel discussion on the relationship between tobacco and lung cancer. They are, left to right: Dr. Cuyler Hammond of the American Cancer Society; Dr. Douglas Sprunt, professor of pathology at the University of Tennessee; Dr. George Lumb of James Walker Memorial Hospital; Dr. Alton Ochsner, chief surgery of the Ochsner Clinic at New Orleans, La. and Dr. William Rienhoff, professor of surgery at John Hopkins Medical School at Baltimore, Md. (SECO Photo)

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

DURHAM MORNING HERALD
Durham, North Carolina
April 9, 1960

Doctors Differ On Meaning Of Smoking-Cancer Figures

WILMINGTON (UPI)—A group of physicians differed Friday on the interpretation of statistics on lung cancer deaths and smoking

An American Cancer Society staff physician reported on a survey of 188,000 men between the ages of 50 and 69 which he said showed a link between smoking and lung cancer. He also warned of a possible connection between smoking and heart disease which he called more alarming than statistics on lung cancer.

A physician from Johns Hopkins Hospital in Baltimore disputed the link and said he felt impurities in the air and possible allergies to tobacco were more significant.

Dr. Alton Ochsner of New Orleans, another member of a panel sponsored by the New Hanover County Medical Society, predicted statistics in 1980 would show a "stupendous increase" in lung cancer cases.

He agreed with an interpretation of current statistics presented by Dr. Cuyler Hammond of the Cancer Society staff.

Dr. William Reinhoff of Baltimore, who said he had operated on more than 1,000 lung cancer victims since 1932, cited figures from his work which showed the lung cancer death rate was eight times greater among men than among women.

Women smoke almost as much as men, he added, "but they don't go downtown in that canyon of fumes. We walk around in a sea of cancer-producing particles."

In the past 10 years, he said, the location of lung cancers has moved to the periphery of the organ. There is no indication that smoke can irritate that far into the lung, he explained.

Reinhoff said lung cancer in many cases might be blamed on an allergy to tobacco. More than 80 per cent of American men smoke, he said, but only a relatively few die of lung cancer.

"Statistics have made us gratefully suspicious of tobacco," he said, "but lung cancer is a public health problem; not a tobacco problem.

"Everything you breathe comes into contact with your lungs just like sunshine on the skin."

Reporting on the 188,000 men studied by the cancer society, Hammond said the death rate from all causes among non-smokers was 68 per cent below that of smokers. The death rate for smokers of two packs of cigarettes a day was 223 per cent higher than for non-smokers, he said.

Hammond told the doctors that 3.4 per cent of the non-smokers died of lung cancer while, among the smokers, the percentage was about 78.6.

He said the difference in the death rates between rural and urban residents was slight.

Hammond expressed greater concern about the death rate from heart diseases. He said heart diseases accounted for 57 per cent of all deaths while the death rate among smokers was 200 per cent higher than among non-smokers on the basis of his survey.

Ochsner said lung cancer was virtually non-existent 30 years ago. He reported the disease now claims about 10 per cent of all cancer victims and predicted the percentage would be tripled by 1976.

Dr. Douglas Sprunt of the University of Tennessee said the statistics did not show the cause and effect relationship between cancer and smoking. He said he felt the genetic background of the victim was as influential as environment in causing lung cancer.

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000

NEW YORK NEWS
New York, New York
January 16, 1960

HEAR BOTH SIDES, SENATORS

Students at Staples High School, Westport, Conn., were treated this week to a scare lecture, with movies, by New York cancer researcher Dr. Ernest Wynder on the alleged connection between lung cancer and cigaret smoking.

The Staples Student Senate now plans to review at its next meeting its rather liberal rules regarding smoking on school property.

Cigaret Dispute

Our tip to the Staples Senators, and to school students everywhere who have to listen to cancer-and-cigaret propaganda: Insist on hearing the other side of the argument before you do anything about it.

The other side is that no laboratory experiment yet reported has shown cigarets to have given lung cancer to any human being; that the cigaret-cancer theory is based entirely on statistics. This side of the argument is upheld by at least as many, and as respectable, cancer students as is the claim that the cigaret is the big villain in the lung-cancer melodrama.

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THE WASHINGTON DAILY NEWS
Washington, D. C.
February 17, 1960

Scientific Snipe Hunt

ONE nice thing about science: sometimes its laboriously discovered truths are self-evident to the non-scientists. But, self-evident or not, they have to be proved. So two New York doctors went cigaret butt hunting in four Canadian cities. They discovered:

- Cigaret butts left in department store washrooms tend to be longer than those left in transportation depots. Sometimes planes, trains and buses are a long time coming.
- Average length of filter-tip butts is greater than non-filter butts. Ever try smoking one of those filters?
- Butts left by the upper classes average longer than those dropped by the middle and lower classes.

Purpose of the collection: to inquire into the relationship of butt length to the incidence of lung cancer. The doctors reported, in the Journal of the Canadian Medical Association, that there might be some connection.

They picked up 6428 butts in the course of their researches and must be given high marks for industry. It seems, however, they might have employed a couple of professional bums for this chore. It wouldn't have cost more than a couple of bucks or the bums might have done it free, in the interest of science, provided they got to keep the butts.

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Dr. Arthur S. Flemming.

DISPATCH
Columbus, Ohio
February 18, 1960

Findings on Cancer, Cigaret Link Seen Needed for Ban

By MARY McGAREY

If scientists ever isolate a cancer-causing agent in cigarets, the U.S. government will ban its use at once, Dr. Arthur S. Flemming declared Wednesday.

Here to address a Methodist hospital convention, the secretary of health, education and welfare answered a series of press conference questions on the "canberry issue" and branched off into cigarets, tainted poultry and lipstick color.

SO FAR AS THE cancer-causing properties in cigarets go—or may go, Flemming said his department is doing all it can.

"The Public Health Service is limited to publishing the facts and letting people decide for themselves. That's all we can do.

"If the time should ever come when scientists identify an exact substance in cigarets or tobacco which causes cancer, then we can immediately ban its use—and would."

HARKING BACK TO the cranberry furor at Thanksgiving, and the poultry stir at Christmas time, Flemming declared, "I would have done nothing different and, if confronted with a comparable situation in the future, will do the same thing."

"We were dealing with a substance that, in the diet of test animals, produced cancer," he explained. "Research scientists at the National Cancer Institute tells us that, with such substances, no one knows how much or how little will induce cancer in man."

FLEMMING SAID his office is currently supporting inclusion of an anti-cancer clause in the color additives bill now before Congress, which has caused such a stir in the lipstick industry.

Basically, he explained, the question is on the toxicity of certain color dyes used in large amounts, and the bill would allow use of these colors in small quantities.

The cancer clause would provide simply that no color found to have cancer-causing properties could be used in any amount. "Even without the clause," Flemming noted, "we could enforce this under our general authority."

IN ANY FUTURE "alert" on a cancer-causing agent, Flemming added, he believes his department should attempt to inform state health departments or other affected state agencies more fully and promptly than was done in the recent incidents.

In his address to the convention, the secretary advocated the abolition of aid categories (blind, aged, dependent children, etc.) in federal funds allotted for public assistance.

HE ARGUED THAT a single grant would eliminate much red tape and relieve social workers from the time-consuming task of scanning regulations in deciding which fund should be tapped for a particular need.

Later, he declared he believes the same idea could logically be carried down to the state level.

"AS I SEE IT," he explained, "here's the family. They need help. Let's determine their need and provide it. Professional welfare workers would be tickled to death if their work could be simplified in this way."

Flemming said he does not advocate such streamlining of governmental public assistance as an impetus for single-drive campaigns of private health and welfare agencies.

"I am rather sympathetic to the idea of separate private agencies," he said. "There are arguments on both sides, but there is much to be said for your right to give your money specifically to the cause you want to support."

The church board honored Flemming and three other men as "outstanding contributors of time, service or money to Methodist philanthropic institutions."

Besides Flemming, they are Pierre S. du Pont, III, secretary of E. I. du Pont de Nemours & Co., Inc., Wilmington, Del.; J. Webster Hancox, Spokane, Wash. chairman of the Deaconess Hospital board, and Dr Ulysses G. Jones, Johnson City, Tenn., chief of staff at Jones Hospital.

All four were named to the Methodist Hall of Fame in Philanthropy.

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Source: https://www.industrydocuments.ucsf.edu/docs/zsbm0000